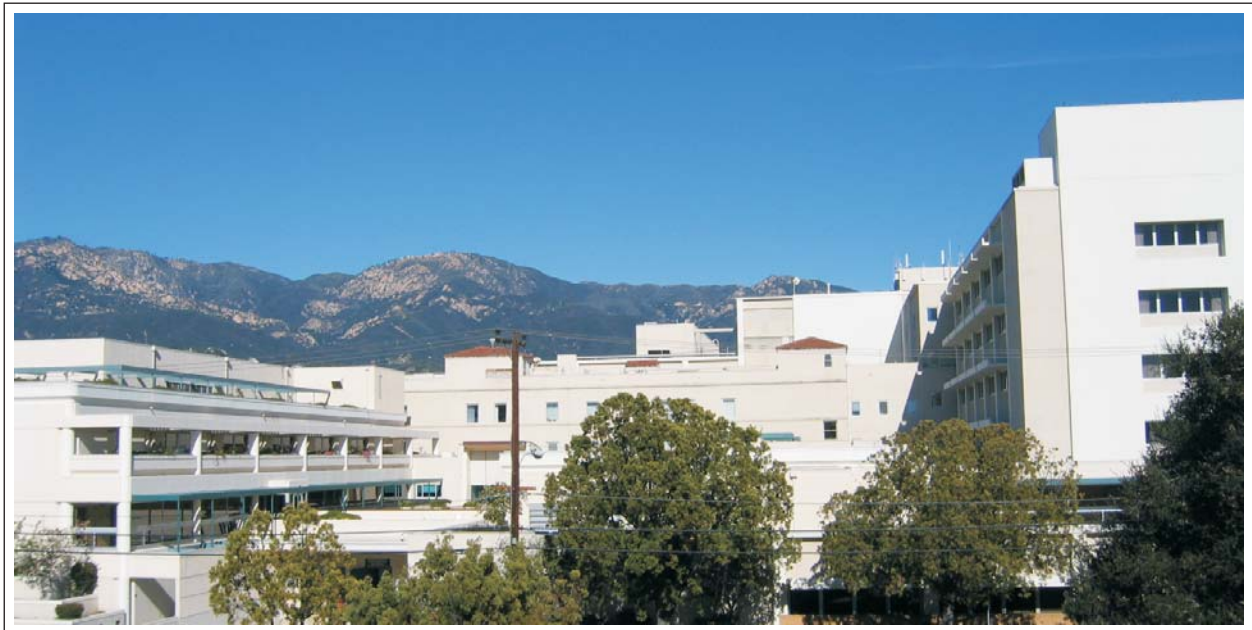


CERTIFIED FINAL
ENVIRONMENTAL IMPACT REPORT

SCH No. 2003101075

SANTA BARBARA COTTAGE HOSPITAL
SEISMIC COMPLIANCE AND MODERNIZATION PLAN

Volume II



City of Santa Barbara
Community Development Department

March 24, 2005

**CERTIFIED FINAL
ENVIRONMENTAL IMPACT REPORT
VOLUME II—APPENDICES
SANTA BARBARA COTTAGE HOSPITAL
SEISMIC COMPLIANCE AND MODERNIZATION PLAN**

City of Santa Barbara
Community Development Department
Planning Division
630 Garden Street
Santa Barbara, California 93102
Irma Unzueta, Project Planner

Prepared by:
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March 24, 2005

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APPENDIX A

NOTICE OF PREPARATION/INITIAL STUDY



City of Santa Barbara California

NOTICE OF EIR PREPARATION/ NOTICE OF ENVIRONMENTAL SCOPING HEARING

Date: October 13, 2003

To: City Clerk
Clerk of the Board
Neighbors and Interested Parties

From: Planning Division
City of Santa Barbara
P.O. Box 1990
Santa Barbara, CA 93102-1990
(805) 564-5470

Project Title: Santa Barbara Cottage Hospital Modernization and Seismic Compliance Plan

Project Location: The project site is approximately 14.54 acres in size, located at 320 W. Pueblo Street, several blocks north of Highway 101, within the Oak Park Neighborhood of the City.

Project No.: MST2003-00512

APNs: 025-102-001; 025-101-001, -005, -022, -024, -025, -026, -027; 025-061-015; 025-171-004, -006, -009, -032, -039, -041

General Plan: Major Public and Institutional, Medical Center

Zone: C-O Medical Office Zone

The City of Santa Barbara will be the Lead Agency and will prepare an environmental impact report (EIR) to evaluate impacts of the Cottage Hospital project proposal. The EIR evaluate project impacts associated with visual aesthetics, air quality, biological resources, archaeological and historical resources, geophysical conditions, hazards, noise and vibration, public facilities and services, traffic/parking/circulation, water quality/drainage/flooding, and growth-inducing impacts. The analysis will also evaluate temporary construction-related effects, long-term (operational) effects, and cumulative effects with other projects in the area. Alternatives to the project with the potential to reduce significant impacts compared to the proposed project will be considered as part of the analysis.

We need to know the views of public agencies as to the scope and content of the environmental information germane to agency statutory responsibilities for the project. Some agencies may need to use the EIR prepared by our agency when considering permits or other approvals for the project. Please provide the name of an agency contact persons, if applicable.

EIR Scope of Analysis: The purpose of an EIR is to provide decision-makers and the public with information that enables them to consider the environmental consequences of the proposed project. EIRs not only identify significant or potentially significant environmental effects, they also identify ways in which those impacts can be avoided or reduced, through project redesign, the imposition of mitigation measures, or implementation of alternatives to the project.

Comments on the scope of analysis for the environmental document are also invited from the public and community interest groups.

Document Availability: Interested parties may obtain a copy of an Initial Study of the project, which outlines the project description and proposed scope of analysis, at the City Planning Division located at 630 Garden Street, or online at www.ci.santa-barbara.ca.us, under **Web Features**. Please note that the online Initial Study does not include exhibits or technical reports. Copies are available for review at the City Planning Division, 630 Garden Street, Santa Barbara Public Library and UCSB Library.

Public Comment Period: Written comments regarding the EIR scope of analysis should be sent at the earliest possible date, but received not later than **Tuesday, November 11, 2003 (4:30 p.m.)**. Please send your written comments to the attention of Irma Unzueta, Project Planner, at the City Planning Division, Post Office Box 1990, Santa Barbara, CA 93102-1990.

Public Hearing: An environmental scoping hearing to receive public comments and a conceptual review of the project will be held before the Planning Commission on **Thursday, October 30, 2003**. The meeting will begin at 4:00 p.m. in the City Council Chambers, Santa Barbara City Hall, De La Guerra Plaza. An agenda and staff report for this item will be available on Monday, October 27, 2003 from the Planning Division or online at www.ci.santa-barbara.ca.us. Under **Quick Selections**, scroll to the heading **City Hall** and click on **Planning Commission**. Please note that online Staff Reports do not

include some exhibits. In accordance with ADA requirements, if you need assistance to attend the hearing, please contact the Planning Commission Secretary Susan Gantz at 564-5470 several days in advance of the meeting to make arrangements.

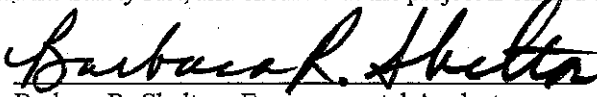
Project Description: Santa Barbara Cottage Hospital (SBCH) proposes to upgrade and modernize the existing hospital facility to comply with State Senate Bill 1953, which requires all acute care hospital facilities in the state to upgrade or rebuild to meet more stringent earthquake standards. The project involves the demolition of 270,705 square feet (sq. ft.), including the existing main hospital building and Eye Center, and all structures on the adjacent west block bounded by Junipero, Castillo, Pueblo, and Oak Park Lane. New construction of 415,000 sq. ft. would consist of a new hospital building, helipad and Central Plant. The proposed new hospital would be three stories and would not exceed 60 feet in height. The completed rebuilt hospital and Central Plant would be approximately 678,476 square feet. The overall square footage of the hospital project area is approximately 706,811 square feet.

Two parking structures are proposed, one located at 2400 Bath Street, behind the Knapp Building (#1), and a second parking structure at the northeast corner of Pueblo and Castillo Streets (#2). These structures would together provide approximately 1,202 parking spaces and are proposed to be two stories above grade (with three parking levels) and one story below grade. The structures would have a maximum height of 28.5 feet in height with the exception of the elevator tower, which may project approximately 10 feet taller.

The one block section of Castillo Street between Pueblo and Junipero Street is proposed to be closed to allow for the new hospital facility. The project is proposed to be completed in seven phases through the year 2013, during which time the hospital would remain operational.

SBCH is proposing the establishment of a new Hospital Area Zone Specific Plan (SP-8), which would specify allowable land uses and development standards for the hospital project. The Specific Plan would become the zoning designation for the project area and would apply to the "East" block bounded by Bath, Junipero, Castillo and Pueblo Streets, which is currently occupied by the main hospital building; the "West" block bounded by Castillo, Junipero, Oak Park Lane and Pueblo, which contains a number of support facilities and other uses; the Knapp Building and the Computer Services building property located at 2400 Bath Street would be included as the "North" block of the Specific Plan; and the "South" block would contain all the West Pueblo Street properties except 417 West Pueblo. A Development Agreement is also proposed to address the non-residential floor area allocations per Charter 1508, project construction phasing, provide for periodic review of the project and applicable conditions, and to allow modifications, if necessary. It would also provide for consistency with development and environmental conditions, compliance with the mandates of the Alquist Seismic Safety Act, and ensure that the project is carried out in a timely manner.

Signature:



Barbara R. Shelton, Environmental Analyst

Telephone:

564-5470

CITY OF SANTA BARBARA
COMMUNITY DEVELOPMENT DEPARTMENT, PLANNING DIVISION
INITIAL STUDY/ ENVIRONMENTAL CHECKLIST
MST2003-00152

PROJECT TITLE: SANTA BARBARA COTTAGE HOSPITAL RECONSTRUCTION

ADDRESS: 320 WEST PUEBLO STREET, SANTA BARBARA

October 2003

This Initial Study has been completed for the project described below because the project is subject to environmental review under the California Environmental Quality Act (CEQA) and was determined not to be exempt from the requirement for preparation of an environmental document. The information, analysis and conclusions contained in this Initial Study are the basis for determining whether a Negative Declaration (ND) is to be prepared or if preparation of an Environmental Impact Report (EIR) is required to further analyze impacts. Additionally, if preparation of an EIR is required, the Initial Study is used to focus the EIR on the effects determined to be potentially significant.

APPLICANT/PROPERTY OWNER NAME AND ADDRESS

Applicant Agent: Suzanne Elledge Planning & Permitting 800 Santa Barbara Street Santa Barbara, CA 93101	Owner: Santa Barbara Cottage Hospital P.O. Box 689 Santa Barbara, CA 93102
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PROJECT ADDRESS/LOCATION (See *Exhibit 1, Vicinity Map*)

Cottage Hospital is located at 320 W. Pueblo Street, several blocks north of Highway 101, within the Oak Park neighborhood of the City of Santa Barbara. The main access to the facility is off Bath Street, with other entrances off Pueblo and Castillo Streets. The proposed project site is 14.54 acres in size, and would encompass several blocks, as follows:

The main hospital building currently occupies the City block bounded by Junipero, Bath, Pueblo and Castillo Streets, also referred to as the East Block.

Oak Park Lane, Junipero, Castillo and Pueblo Streets bound the proposed project West Block.

The block northeasterly of the main hospital building referred to as North Block is the site of the Knapp Building and the Computer Services Building and the proposed site for Parking Structure #1.

Hospital-owned property within the South Block bounded by Oak Park Lane, Castillo, Pueblo and Los Olivos Streets includes all parcels fronting on Pueblo Street and two other properties containing surface parking lots fronting on Castillo Street.

BACKGROUND

Existing Hospital

Santa Barbara Cottage Hospital (SBCH) has been serving Santa Barbara and the South Coast region since 1888 when a single three-story wooden structure was built on a site bounded by De la Vina, Bath, Pueblo, and Junipero Streets. Through the years, SBCH has evolved and expanded, with some buildings demolished and new ones erected. The current main hospital building was built around 1929, with new wings added between 1965 and 1991. The existing main hospital building is approximately 465,900 square feet in size, consisting of varying heights with a six-story portion facing Bath Street with a maximum height of approximately 79 feet measured from the adjacent Pueblo Street grade. The facility presently has 888 parking spaces. Existing landscaping area for the hospital facility is approximately 77,372 square feet and includes 390 existing trees, planted areas, paved walkways and patios. The largest landscaped areas are located at the main entry on the corner of Pueblo Street and Bath Street and at the corner of Pueblo Street and Oak Park Lane. The hospital is

supported by a number of facilities in the immediate vicinity including an eye care center, central services plant, parking structure and surface parking lots, pre-school and infant/toddler child care center, and various medical office buildings.

The hospital is currently licensed by the State to have 456 beds (436 acute care beds, 20 psychiatric beds). Cottage Hospital provides a full complement of inpatient, surgical, outpatient, and emergency services, along with specialized health care services, including pediatric oncology, high-risk obstetrics and neo-natal intensive care unit, dedicated adult oncology, pediatric intensive care unit, medical staff teaching hospital, and Level 2 Trauma. Existing childcare facilities accommodate 24 children and 24 pre-school and toddlers.

Currently SBCH is operating with 1,666 Full Time Equivalent (FTE) employees. The average number of employees on site is 865 FTEs. The maximum number of FTE's on site at any give time is 908.

State Seismic Safety Requirements for Hospitals

In 1994, the State of California passed Senate Bill 1953, the Alquist Hospital Seismic Safety Act, which requires the retrofit and/or upgrade of all acute care medical facilities in the state to more stringent earthquake safety standards. Senate Bill 1953 requires that all acute care hospitals be built not only to remain standing, but to remain operational after a major earthquake or other disaster, a time when hospital services would be most necessary. It provides a 2008 deadline for all general acute care hospitals to either rebuild or retrofit to comply with the new earthquake design standards, or face a loss of their State-operating license as a general acute care hospital. The deadline can be extended to 2013 if a hospital chooses to comply with the new standards by rebuilding its facility. Additionally, Senate Bill 1953 requires that hospitals choosing to retrofit must still rebuild completely by 2030.

This legislation mandates compliance with numerous building, safety and design standards for all acute care hospitals. The new acute care medical facility building codes call for space, separation and proximity requirements that would result in larger facilities to serve the same number of pre-compliance licensed beds. The Office of Statewide Hospital Planning and Development (OSHDP), is charged with regulating the building and safety codes for acute care medical facilities throughout the State. Therefore, the final authority to construct the hospital buildings, in effect the issuance of the building permit for the hospital buildings, lies with OSHPD.

Existing and Projected Patient Volumes

Cottage Hospital provides both inpatient and outpatient healthcare services. The hospital indicates that for both inpatients and outpatients, current and future patient volume is not reliant on the seismic rebuild. The existing hospital facility has the capacity to accommodate current and future patient demand. The hospital replacement is not necessary to meet future demand, but is proposed to comply with State seismic requirements. While the overall proposed square footage of the hospital would be larger, the number of inpatient rooms would decrease by more than 25 percent. Patient volumes are driven by physician referrals, and are affected by changes in population and demographics, medical technology and practices, and services provided, not square footage of buildings. Future patient volumes are projected in a SBCH report titled *Modernization and Seismic Compliance Plan: Past, Present, and Projected Volume and Capacity*.

Inpatient Volumes

The current inpatient baseline capacity of SBCH is 456 licensed beds. The proposed project would reduce the hospital's bed capacity by 119 beds to 337 licensed beds. According to SBCH records, hospitalizations have increased over the past five years by one or two patients per day. However, because of shorter lengths of stay, the average number of patients in the hospital has trended downward by about 10 patients per day. In July 2003, the closure of St. Francis Medical Center shifted volume to Cottage Hospital, providing a change in patient load from an average daily census of 213 to 226. The hospital's best projection of future inpatient volume is an average daily census of 226. This includes continuation of the increased volumes due to the St. Francis closure. The hospital does not anticipate future changes in staffing levels for inpatients.

It is not possible to predict with accuracy future patient volumes, and there may be a range of possible future volumes. SBCH indicates that upward movement in patient volumes could be affected by an unlikely dramatic increase in local population, epidemics or natural disasters (which would be short-term variances), closure of regional hospitals in Ventura or Santa Barbara County and increase in length of stay due to changes in government and insurance company demands. Likewise, downward movement in inpatient volumes could be affected by local competition, particularly by physicians, medical breakthroughs that would reduce hospitalizations and reduction in length of stay due to changes in government and insurance company demands.

Factors producing downward movement of patient volumes are considered more likely and are more heavily weighted in projecting future volumes. The estimated future volume is considered a reasonable worst-case estimate of likely future inpatient volumes.

Outpatient Volumes

The hospital projects continued increases in outpatient volume. These increases are a national trend, particularly for emergency room services. The hospital projects a 2% growth increase per year of outpatient volume. Upward movement in outpatient volumes could be affected by an unlikely dramatic increase in local population, unlikely closure of local outpatient clinics, including urgent care centers, and Accelerated shifts from inpatient care to outpatient care. Downward movement of outpatient volumes could be influenced by local competition, particularly by physicians (urgent care facility, surgicenter, or imaging center) and a reduction in emergency room use through a return in preference for the family physician

The 2% growth in outpatients per year reflects a weighting of both factors affecting upward and downward movement. According to the hospital, a 2% per year increase would add approximately 22,000 patient visits annually, or 60 per day. If the hospital were not rebuilt, the hospital would accommodate increased volumes by reconfiguring or adding square footage and increasing the number of treatment rooms in their existing buildings. The current number of full-time equivalency (FTE) employees caring for outpatients is approximately 271. If outpatient volume grows as projected, SBCH would add up to 28 additional FTE's. This forecast of outpatient volumes has been used as the reasonable worst-case assumption for purposes of this Initial Study. Further evaluation of this assumption will be undertaken as part of the environmental analysis.

PROJECT DESCRIPTION (See *Exhibit 2, Site Plan*)

Overview of Structural Changes

The Santa Barbara Cottage Hospital (SBCH) project is intended to comply with State Senate Bill 1953 by rebuilding the existing hospital facility in phases at the Pueblo Street location through the year 2013, while maintaining hospital services.

The proposed project involves the demolition of 233,170 sq. ft. of the existing main hospital building and Eye Center and all structures on the adjacent block bounded by Junipero, Castillo, Pueblo and Oak Park Lane, for a total demolition of 270,705 square feet. The existing South Wing, East Wing, Centennial Wing, and Buildings G and K, which face Bath Street and a portion of Junipero Streets, would remain. There would be approximately 415,000 square feet of new medical facility construction and a new Central Plant (23,350 square feet) would also be constructed at the southwest corner of Bath and Junipero. The proposed new hospital buildings would be three stories and would not exceed 60 feet in height. The completed rebuilt hospital and Central Plant would be approximately 678,476 square feet. The overall square footage of the hospital project area would be approximately 706,811 square feet.

Closure of Castillo Street

The project proposes permanent closure of the portion of Castillo Street between Pueblo and Junipero Streets to allow for the new hospital and main entry. The hospital's application includes a request to abandon this portion of Castillo Street pursuant to California Streets and Highways Code (§8300 et seq.) and must be approved by the City Council. Upon approval of abandonment of this segment of Castillo Street and after all required steps have been completed, the existing owner would recapture the disencumbered property, subject to any utility easement reservations. This abandonment does not affect Castillo Street south of Pueblo Street, north of

Junipero Street nor any other public road. Additionally, the closure of the street will require some utilities to be re-routed. The prominent Moreton Bay Fig tree at the main entry would be protected and retained and would provide a focal point for the main entry.

Parking

The project proposes 1,289 parking spaces in the project area. Of these spaces, 1,202 would be within two new parking structures. Fifty (50) parking spaces would be provided adjacent to the Emergency Department along Junipero Street; five (5) parking spaces would serve the service yard at Oak Park Lane and Junipero Street; and ten (10) parking spaces would be adjacent to the outpatient drop off at Bath and Pueblo Streets. Forty-four (44) of the 563 spaces proposed within the Knapp Parking Structure #1 would be reserved for the Rehabilitation Institute per an existing parking agreement, and sixteen (16) spaces in SBCH Lot #7 would be dedicated to the Child Care Center.

Parking Structure #1 is proposed to be located in the area of a current surface parking lot behind (east of) the Knapp Building at 2400 Bath Street, and would provide 563 parking spaces. The structure is proposed to have two stories above grade (with three parking levels) and one story below grade. The structure would have a maximum height of 28.5 feet above grade, with the exception of the elevator tower, which may project approximately 10 feet taller. Through an existing agreement, SBCH will dedicate 44 of the new spaces in this structure to the Rehabilitation Institute located at 2415 De La Vina Street. The parking structure would also provide 84 spaces to serve the Knapp Building, which currently provides office space for hospital employees.

Parking Structure #2 would be located at the northeast corner of Pueblo and Castillo Streets and would provide 639 parking spaces. This structure would also consist of two stories above grade (with three parking levels) and one level below grade. The structure is proposed to be approximately 28.5 feet in height with the exception of the elevator tower, which may project approximately 10 feet taller. The possible addition of a small (1,500 sq. ft.) commercial space, such as a coffee shop and newsstand, along the Pueblo frontage, is being explored by SBCH.

Pre-School and Infant/Toddler Child Care Facility

Existing childcare programs would be combined, expanded, and relocated to Castillo Street adjacent to the south side of the new Pueblo Parking Structure. The new center would be an approximately 7,213 square feet one-story structure, and is being designed to accommodate a combined total of 72 children (48 pre-school and 24 infant/toddlers). The State of California Department of Social Services would ultimately approve a final capacity for the childcare facility upon completion of construction.

Helipad/Tower

A trauma helipad proposed to be constructed on the roof of the existing hospital was approved by the Planning Commission in July 2001 and by the ABR in August 2001. However, with the impending upgrade of the hospital facility, SBCH did not proceed with the construction of the helipad and the City approval has since expired. The proposed project would incorporate a helipad on the roof of the Diagnostic and Treatment Building, where patients could be taken from the helipad into an elevator and directly down into a trauma or surgery unit. The proposed helipad is at an elevation of 210.5 feet, approximately 20 feet lower than the previously approved location. An average of 2 flights per week are projected by the hospital. Under normal conditions the helicopter would follow a flight path along Highway 101 and make a direct approach toward the hospital after turning near the freeway intersection with Pueblo Street where it flies over medical offices and residences. Departures, under normal conditions would follow the same path as the approaches. Under windy conditions, the helicopter, after turning towards the hospital, would approach the helipad by making a gradual loop to the east prior to turning west for final approach and touchdown into the prevailing west wind. Departures in windy conditions could require direct climb and vertical takeoff over the helipad and then departure directly toward the freeway.

The elevator tower that is proposed to serve the helipad represents the tallest feature of the new facility at approximately 90.6 feet. The height of the proposed tower would exceed the City's usual 60-foot building

height limit, however such architectural projections and features such as elevator towers are exempted from this requirement.

Infrastructure

Infrastructure changes resulting from the SBCH upgrade project include the removal and relocation of gas, sewer and water lines. Relocation of these utilities would require cutting and capping the existing sewer lateral at the sewer main, terminating existing water services at the corp. stop and removing the existing gas line. Construction of a 6" sewer laterals, 4" and 8" domestic water lines, 6" fire service water line, backflow prevention device as well as construction of an 8" sewer main extension, which will connect to the existing sewer manhole are also proposed. Additionally, existing electrical, telephone and cable TV lines are proposed to be removed and relocated underground, this would require the installation of pull boxes for these utilities.

The project proposes the construction of 8" storm drain pipes and curb outlet drains around the hospital building site. Construction of a 36" storm drain is proposed from the Junipero and Castillo Streets intersection to the outlet to Mission Creek at the Junipero Bridge. A 8' wide bioswale would also be constructed on the project site. A new concrete bus stop pad, 8' sidewalks with 4' brick parkways, fire hydrant and Type A street light would be incorporated into the project.

Landscaping

The project proposes an increase of approximately 69,000 square feet of landscaping throughout the project area resulting in an approximate total landscaped area of 146,372 square feet. Trees, shrubs, groundcover, patios, water features, and open spaces are proposed as part of the project. The project would result in the removal of approximately 300 trees and protection of 90 existing trees. The preliminary landscape plan provides for 286 new trees to be planted over the course of the phased implementation of the project. Twenty-four street trees would be removed and 27 new street trees would be planted. Principal features of the landscape plan include:

- Garden at corner of Pueblo Street/Oak Park Lane
- Five patient pavilion courtyards
- Central and western courtyards featuring the *River of Life* theme
- Main Entry landscaping (including Moreton Bay Fig tree) and cascading fountain
- Service and surface parking landscaping
- Third floor terraces
- Street trees
- Parking structures landscaping

Earthwork

The grading quantities for the proposed project are estimated to be 84,100 cubic yards (CY) of cut and 21,500 CY yards of fill. Approximately 49, 200 CY of soil would be exported from the project area. The estimated earthwork quantities for the proposed project are as follows:

PROJECT COMPONENT	CUT	FILL	NET CUT/FILL
Central Plant	13,500 CY	100 CY	13,400 CY Cut
Hospital	27,600 CY	21,400 CY	6,200 CY Cut
Knapp Parking Structure	19,000 CY	0 CY	19,000 CY Cut
Pueblo Parking Structure/Child Care Center	24,000 CY	0 CY	24,000 CY Cut
Total	84,100 CY	21,500 CY	62,600 CY Cut

Project Construction Phasing

Construction of the new medical facility and parking structures is proposed to occur in the following 7 phases through the year 2013, during which time the hospital would remain operational. The hospital proposes

construction hours of 7 a.m. to 6 p.m. Monday through Friday, and Saturdays 7 a.m. to 5 p.m. The project also proposes that night utility work be allowed on a limited number of occasions.

Phase 1A (Estimated Duration: 1 month): Demolition of the existing Eye Center located adjacent to the current hospital at the corner of Junipero and Bath Streets to make room for the new Central Services Plant that is proposed at this location.

Phase 1B (Estimated Duration: 3 months): Demolition of all structures within the footprint of the proposed Pueblo Parking Structure and new Child Care Center.

Phase 2A (Estimated Duration: Knapp 14 months, Pueblo 14 months; 28 months to complete entire phase): Construction of both new parking structures and the new childcare center adjacent to the Pueblo Parking Structure.

Phase 2B (Estimated Duration: 17 months): Construction of the new Central Services Plant.

Phase 3 (Estimated Duration: 7 months): Demolition of the existing parking structure and adjacent Central Services Plant located approximately in the middle of the West Block. Abandonment and rerouting of the utilities in Castillo Street between Pueblo and Junipero Streets and the demolition of this roadway segment.

Phase 4 & 4A (Estimated Duration: 34 months): Construction of two new "L" shaped nursing pavilions. Construction of a major portion of the new Diagnostic & Treatment building (adjacent to the nursing pavilion and facing Junipero Street) to house the surgery, radiology, women's services, nutrition and materials management. Construction of the helipad on the roof of the Diagnostic & Treatment building. Remodeling of a portion of the Centennial Wing and the East Wing. Transferring of acute and intensive care patient beds currently located in existing facilities to the new nursing pavilions facing Pueblo Street.

Phase 5A and 5B (Estimated Duration: 12 months): Transferring of uses and functions in the West Wing, Central Wing, Reeves Wing, and North Wing into the new nursing pavilions and demolish these portions of the hospital. The East Wing, Building K and the South Wing, facing Bath Street, and the Centennial Wing, facing Junipero Street will remain.

Phase 6 (Estimated Duration: 22 months): Construction of an additional "L" shaped nursing pavilion on Pueblo Street. Construction of the remainder of the Diagnostic and Treatment building partially built in phase 4. Construction of a new plaza and new main entry for the hospital.

Phase 8 (Estimated Duration: 12 months): Remodel interior of the remaining portion of the East Wing, and the South Wing, and Buildings G and K to house administrative and other non-acute care hospital functions (i.e., conference center, Reeves Library, finance, claims, facilities management, research, public affairs, general administration and other such uses that do not require compliance with the Alquist Hospital Seismic Safety Act).

Potential Future Phase(s): As indicated in the above phases, the remodeled portion of the retained hospital building would house only non-acute functions and therefore is not subject to the Alquist Hospital Seismic Safety Act seismic and code upgrade requirements. It is anticipated that in the future beyond 2011, there may be the need for additional acute care space in Santa Barbara and it would be possible that the retained portion of the existing hospital could be demolished and reconstructed pursuant to the Alquist Act standards or subsequent State standards that may be in effect at that time. Potential future phases are not a part of the currently proposed construction project, but will be considered as part of evaluation of the proposed Specific Plan.

Hospital Operations

Based on projected long-term patient needs for the area, the project proposes to reduce the number of licensed beds at the hospital from 456 to 337 (317 acute care beds, 20 psychiatric beds). Nearly all of the proposed beds would be private rooms and all the rooms would be larger, in keeping with new hospital codes. The proposed number of beds has been determined by the hospital to be adequate to serve the community for the foreseeable future, and accounts for the loss of all beds at St. Francis Medical Center (although it is not expected that all St.

Francis patients will choose to come to SBCH). One additional operating room is planned (14 suites to 15 suites) to accommodate new surgical procedures that have been developed in recent years. The number of imaging suites would increase by four to accommodate increases in physician order for x-rays, CT's and MRI studies for hospitalized patients.

The hospital estimates that the number of employees responsible for inpatient care is not expected to change as a result of the proposed project or based on projected inpatients in the foreseeable future. Outpatient volumes are projected to grow at a rate of 2% per year. If outpatient volumes do increase as projected, up to 28 additional FTE's may be required by year 2013.

The scope of services at the SBCH replacement facility is proposed to remain the same. Cottage Hospital does not propose to add major clinical programs or services to those currently in place. SBCH would remain a private community teaching hospital with the following services:

Inpatient Services: Adult Services (General medical and surgical services; intensive care; coronary care; orthopedics; oncology; neurology/neurosurgery); Women & Children's Services (mother and infant care; pediatrics; pediatric intensive care; neonatal intensive care)

Ancillary Services: Surgical services; laboratory; cardiology; respiratory therapy; imaging services; physical/ occupational/ speech therapy; pharmacy

Outpatient Services: Emergency services; surgical services (ambulatory surgery; eye center; endoscopy); imaging services; laboratory; therapy services

Specific Plan (SP-8)

The hospital proposes the establishment of a new Hospital Area Specific Plan, which would replace the existing C-O, Medical Office Zoning designation on the property. The Specific Plan would specify allowable land uses and development standards for the hospital, including building heights, setbacks, landscaping requirements, etc. as well as project review and approval process, construction phasing and mitigation monitoring.

The Specific Plan would apply to the "East" block bounded by Bath, Junipero, Castillo and Pueblo Streets, which is currently occupied by the main hospital building; the "West" block bounded by Castillo, Junipero, Oak Park Lane and Pueblo, which contains a number of hospital support facilities and other uses; the Knapp Building and the Computer Services building property located at 2400 Bath Street would be included as the "North" Block of the Specific Plan boundary; and the "South" Block would contain all the West Pueblo Street properties. The Specific Plan for the project would be further refined as the project proceeds through the environmental and development review process.

Development Agreement

The SBCH proposal requests that the City enter into a Development Agreement to ensure that, once approved under the applicable planning and zoning regulations, SBCH can proceed with the project over the entire phasing term in accordance with land development policies, rules and regulations in effect at the time of project approval. The Agreement is also intended to provide for periodic review of the project and applicable conditions, and allow for modifications if necessary. It would also provide for consistency with development and environmental conditions, compliance with the mandates of the Alquist Seismic Safety Act and assurance that the project is carried out in a timely manner.

Discretionary Applications Required

The City Council took action on May 20, 2003 to approve a Preliminary Allocation of Economic Development square footage for the project under the City's Measure E provisions.

Conceptual review of the project by Planning Commission and Architectural Board of Review occurred on June 19, 2003.

The discretionary permit applications for the SBCH project are:

Specific Plan (SP-8) to establish new Hospital Area Zone, which would specify allowable land uses and development standards for the hospital facility and areas within the Specific Plan (Planning Commission recommendation; City Council approval action)

Development Plan (SBMC §28.87.300) to allow the addition of new square footage to the facility (Planning Commission conditional approval action; City Council on appeal)

Final Economic Development Allocation (City Council approval action)

Abandonment of Castillo Street Easement (City Council approval action)

Development Agreement to allow completion of the proposed seven phases of the project, which are expected to exceed the four year life of a Development Plan Approval. (City Council approval action)

Design Review, Preliminary and Final (Architectural Board of Review approval action).

ENVIRONMENTAL SETTING

The project site is approximately 14.54 acres in size, and located in the Oak Park Neighborhood, an area delineated in the City's General Plan by Mission Creek on the west, Sola Street on the east, State Street on the north and Highway 101 on the south. Access to the facility is currently provided off public streets in the area, including Bath, Pueblo, and Castillo Streets. The site is connected to City of Santa Barbara water, sewer, and storm drain systems, and has City fire and police protection services.

The property slope ranges from 1% to 5% and has been developed for many decades. A portion of the site at the corner of Junipero and Oak Park Lane is located within the designated 100-year floodplain of Mission Creek. The City Master Environmental Assessment identifies the site as not subject to substantial geologic constraints, other than the earthquake ground shaking as with all of southern California. Existing landscaping on the site includes mature native and ornamental trees that provide localized habitat value for urbanized wildlife such as birds. A large specimen Moreton Bay Fig tree is located near the hospital entrance. The site is located within an area identified as sensitive for possible subsurface archaeological resources from prehistoric and recent historical periods (American Period 1870-1900 and Early Twentieth Century 1900-1920). Some existing structures on the site are more than fifty years old, indicating some potential as historic resources.

The existing hospital occupies one entire block, and includes institutional and office structures, paved circulation and parking areas, and landscaping. Within several surrounding blocks are medical offices supporting the hospital use. A further description of existing facilities by block is provided below:

East Block: The East Block contains the main hospital building, which is approximately 473,270 square feet and occupies interconnecting wings is situated within a 4.67-acre site bounded by Bath, Junipero, Castillo and Pueblo Streets. The main entrance and valet parking/drop off area is on Bath Street, with other entrances on Pueblo and Castillo Streets. The freestanding 7,370 square foot Eye Center is located at the southeasterly corner of Junipero and Bath Streets. The hospital emergency room and a small parking area are located westerly of the Eye Center.

West Block: The West Block is west of the main hospital building and is bound by Oak Park Lane, Junipero, Castillo and Pueblos Streets. This block contains a number of support facilities including various medical office buildings, a hospital parking structure, surface parking lots, the Central Services Plant, child and infant care facilities, and one residential unit.

North Block: The North Block is located northeasterly of the main hospital building and contains the Knapp Building and the Computer Services Building located at 2400 Bath Street. These are the only buildings on the block bounded by Bath Street, Nogales Avenue, De la Vina Street and Quinto Street that are included in the project area. While no exterior changes are proposed to these buildings, interior renovation/tenant improvements are expected to occur in order to be used for both the transitional and permanent relocation of medical offices and hospital related offices during the project's phased build-out. These buildings are currently

being occupied by administrative office uses. A new parking structure is proposed to replace the existing surface parking lot located behind the Knapp Building.

South Block: The South Block is bound by Oak Park Lane, Castillo, Pueblo and Los Olivos Streets. Existing uses on this block include residences, residences converted to medical office use, medical offices and surface parking lots. Hospital properties within this block include all the properties fronting Pueblo Street and two surface parking lots fronting Castillo Street. The northeast corner of this block is the proposed location for Parking Structure #2 (Pueblo Parking Structure) and the new childcare center. Three medical office building and an existing parking lot will be removed to allow for the new parking structure and childcare center.

PROPERTY CHARACTERISTICS

Assessor's Parcel Number:	Various (within SP-8 boundary)	General Plan Designation:	Major Public & Institutional, Medical Center
Zoning:	C-O, Medical Office	Parcel Size:	14.54 acres
Existing Land Uses:	Hospital and Supporting Facilities	Proposed Land Uses:	Upgraded Hospital and Supporting Facilities
Slope:	1% to 5%		
Surrounding Land Uses:			
North:	Medical Office Uses		
South:	Medical Office, Commercial Office, and Residential Uses		
East:	Medical Office Uses		
West:	Medical Office and Residential Uses		

PLANS AND POLICY DISCUSSION

The proposed hospital medical uses would be consistent with the intent of the existing General Plan Land Use Element designation of the site for Major Public and Institutional/Medical Facilities, and the existing Zoning Ordinance designation of C-O, Medical Office. As part of the project, a Specific Plan is proposed for the property that would replace the existing Zoning designation to customize allowable land uses and specify development standards for the hospital facilities.

Various sections of this Initial Study make reference to applicable General Plan policies and ordinance provisions. The EIR will provide a further analysis of potential project consistency or inconsistency with the City General Plan elements, including the Land Use Element, Circulation Element, Conservation Element, Scenic Highways Element, Noise Element, Seismic Safety-Safety Element and other applicable plans and policies. Additional discussion of policy consistency issues will subsequently be provided in the staff reports to the Planning Commission and City Council. Final determinations of project consistency with applicable policies will be made by the decision-makers as part of their action to approve or deny the project proposal.

MITIGATION MONITORING AND REPORTING PROGRAM (MMRP)

A Mitigation Monitoring and Reporting Program will be prepared for the subject project in compliance with Public Resources Code §21081.6 and will be included in the EIR. The mitigation measures suggested in the Initial Study may be refined or augmented through the EIR process. Monitoring and reporting requirements are adopted as conditions of project approval.

ENVIRONMENTAL CHECKLIST

The following checklist contains questions concerning potential changes to the environment that may result if this project is implemented. If no impact would occur, **NO** should be checked. If the project might result in an impact, check **YES** indicating the potential level of significance as follows:

Known Significant: Known significant environmental impacts. Further review needed to determine if there are feasible mitigation measures and/or alternatives to reduce the impact.

Potentially Significant: Unknown, potentially significant impacts which need further review to determine significance level.

Significant, Avoidable: Potentially significant impacts which can be mitigated to less than significant levels.

Less Than Significant: Impacts that are not significant.

1. AESTHETICS Could the project:	NO	YES
		<i>Level of Impact Significance</i>
a) Affect a public scenic vista or designated scenic highway or highway/roadway eligible for designation as a scenic highway?		Potentially Significant
b) Have a demonstrable negative aesthetic effect in that it is inconsistent with Architectural Board of Review or Historic Landmarks Guidelines or guidelines/criteria adopted as part of the Local Coastal Program?		Potentially Significant
c) Create light or glare?		Potentially Significant

Aesthetics Discussion:

Issues: Issues associated with visual aesthetics include the potential blockage of public scenic views, project visual aesthetics and compatibility with the surrounding area, and changes in exterior lighting.

Impact Evaluation Guidelines: Aesthetic quality, whether a project is visually pleasing or unpleasing, may be perceived and valued differently from one person to the next and depends in part on the context of the environment in which a project is proposed. The significance of visual changes is assessed qualitatively based on consideration of the proposed physical change and project design, within the context of the surrounding visual setting. First the existing visual setting is reviewed to determine whether important existing visual aesthetics are involved, based on consideration of existing views, existing visual aesthetics on and around the site, and existing lighting conditions. Under CEQA, the evaluation of a project's potential impacts to scenic views is limited to views from public (as opposed to private) viewpoints. The importance of existing views is assessed qualitatively based on whether important visual resources, such as mountains or the coastline can be seen, the extent and scenic quality of the views, and whether the views are experienced from public viewpoints. The visual changes associated with the project are then assessed qualitatively to determine whether the project would result in substantial effects associated with important public scenic views, on-site visual aesthetics, and lighting.

Significant visual aesthetics impacts may potentially result from:

- Substantial obstruction or degradation of important public scenic views, including important views from scenic highways; extensive grading and/or removal of substantial amounts of vegetation and trees visible from public areas without adequate landscaping; or substantial loss of important public open space.

- Substantial negative aesthetic effect or incompatibility with surrounding land uses or structures due to project size, massing, scale, density, architecture, signage, or other design features.
- Substantial light and/or glare that poses a hazard or substantial annoyance to adjacent land uses and sensitive receptors.

Existing Conditions: The City's Master Environmental Assessment (MEA) maps identify the project site as an urbanized area and not located in an area of visual sensitivity (such as a major hillside). The project site is approximately 14.54 acres, relatively flat, and is located in the Oak Park neighborhood. A mix of medical office, single and multiple family units and some commercial uses characterize the surrounding neighborhood.

The existing hospital currently occupies one City block bounded by Bath, Junipero, Castillo and Pueblo Streets. The main hospital building is approximately 465,900 square feet and consists of varying heights with a six-story portion facing Bath Street with maximum height of approximately 88 ½ feet. The facility is landscaped and contains a variety of native and non-native trees, including Coast Live Oaks, Fern Pine, Sycamores, Jacarandas, Lemon Gums, Canary Island Pines, palms, a Moreton Bay Fig tree, and various other species. Supporting hospital facilities, including an Eye Center, Central Services Plant, parking structure and surface lots, an infant/child care center, and various medical office buildings occupy portions of the adjacent surrounding blocks.

Aesthetics Impacts:

The project would demolish the existing main hospital and Eye Center building and surrounding landscaping, leaving the portion of the existing building that faces Bath Street. All structures and landscaping on the adjacent block bounded by Junipero Street, Castillo Street, Pueblo Street and Oak Park Lane would also be demolished. When completed, an upgraded hospital facility would occupy a two block area. The portion of Castillo Street between Junipero and Pueblo Street would be closed to allow the new hospital facility to expand westward. With the exception of the six-story (88 ½ feet high) existing hospital portion proposed to remain, the new hospital buildings would measure approximately 60 feet in height. Parking Structure #1 would replace an existing surface parking lot behind the existing Knapp Building located at 2400 Bath Street. Parking Structure #2 proposed at the northeast corner of Pueblo and Castillo Street would replace an existing one and two story medical building. Both structures are proposed to consist of 2 stories above grade (three parking levels) and one below grade level and measure approximately 28.5 feet in height. The project would include retaining ninety trees, removal of 336 trees, and planting of 313 replacement trees, and would provide more than 80,000 square feet of additional landscaped areas.

1.a) Scenic Views

Foothill and mountain views are visible intermittently from neighborhood streets surrounding Cottage Hospital, with the existing hospital facility and other structures obstructing some views from some locations. SBCH is visible from Highway 101, which is considered eligible for designation as a State Scenic Highway. The hospital is also visible from higher altitude locations in the City on the Riviera, the Mesa and Samarkand neighborhoods.

The westward extension of the new hospital facility would include taller elements and additional structures. Some existing scenic views of the mountains and hillside from public viewpoints would be changed due to the increased height and mass of the new hospital development, a *potentially significant* visual impact. Further analysis is needed to assess the importance of existing views and significance of project effects.

Decision-makers will consider project consistency with adopted visual policies that provide for minimizing blockage of scenic views as feasible.

1.b) Visual Aesthetics

The existing hospital area is highly urbanized with a mix of hospital institutional structures of largely undistinguished architecture, medical office structures, and medium density residential in a variety of residential styles. The area is characterized by numerous mature street trees, including large oaks, and other ornamental vegetation.

The proposed project would change the visual characteristics of the existing hospital area due to increased size, bulk, and scale of the facility and loss of visual open space, a potentially significant visual impact. Temporary visual impacts would also result during the multi-year project construction process and replacement of mature trees with smaller ones as part of the landscaping process. Further analysis is needed to assess the change in visual aesthetics and compatibility, and determine impact significance and any feasible project design refinements or other mitigation measures to reduce significant impacts.

The project would involve a substantial change in existing architecture. Most of the existing nondescript institutional architecture that was developed incrementally over decades would be replaced with new buildings in an integrated facility design utilizing a traditional Spanish Colonial Revival style with some modern elements. The rebuilding of the hospital provides the opportunity to upgrade the visual aesthetics of the facility architecture, hardscape, and landscape.

Required City permit processes, including Design Review approval by the Architectural Board of Review and approval of a Development Plan by the Planning Commission will provide for detailed review of project visual aesthetics for compatibility with surrounding areas and consistency with adopted design standards and visual policies. A Subcommittee with members of the Planning Commission and Architectural Board of Review has also been formed to provide detailed design review. Initial conceptual review by the Planning Commission, Architectural Board of Review and Subcommittee was held on June 19, 2001.

1.c) Light and Glare

The existing hospital has exterior lighting surrounding the buildings and along walkways and the facility perimeter, which provides for pedestrian and vehicle circulation safety and facility security.

The project would include new exterior lighting around the facility as necessary to provide circulation safety and facility security. The project has the potential to create changes in lighting that could affect off-site neighboring properties, including residential uses, a potentially significant impact. Further analysis is needed.

Lighting plans and photometric studies for the hospital, helipad and parking structures are being prepared, including identification of proposed operational parameters, such as which lights would be turned off or dimmed during late night hours. The hospital would continue to provide operations on a 24-hour basis, and the parking garages would also be 24-hour facilities. The helipad is anticipated to be used only occasionally for short periods of time. Project lighting plans and studies would be subject to review by the Architectural Board of Review, and would be subject to City Lighting Ordinance provisions that require lighting to be shielded and directed to remain on site.

Aesthetics Mitigation Measures: Through the environmental review, design review, and permitting process, revisions and refinements to the proposed project design, such as the site design, structural size, bulk and scale, architecture, hardscape materials, and landscaping, may be identified to reduce visual aesthetics impacts.

Aesthetics Residual Impacts: Further analysis is needed in an Environmental Impact Report (EIR) to evaluate visual impacts, impact significance levels, and mitigation measures that may reduce visual effects of the project.

Aesthetics EIR Scope of Analysis: Existing Conditions: Written description and representative photographs of existing facility, landscaping, and lighting, and existing scenic views from surrounding public locations. Project Impacts: Written description and photosimulations of proposed project from representative locations demonstrating impacts associated with public scenic view blockage, project visual aesthetics and compatibility, and lighting. Simulations should show future development without landscaping, with landscaping after five years, and with mature landscaping. Characterize visual changes and identify impact significance. Evaluate short-term visual impacts associated with the phased project construction process. Evaluate cumulative visual impacts associated with other approved or pending projects in the neighborhood. Mitigation Measures: Identify any feasible measures that could be taken to avoid or reduce identified impacts associated with views, visual aesthetics, or lighting. Residual Impact: Identify residual impact significance after mitigation.

2. AIR QUALITY.	NO	YES <i>Level of Impact Significance</i>
Could the project:		Potentially Significant
a) Violate any air quality standard or contribute to an existing or projected air quality violation?		Potentially Significant
b) Expose sensitive receptors to pollutants?		Potentially Significant
c) Create objectionable odors?	✓	
Is the project consistent with the County of Santa Barbara Air Quality Attainment Plan? Yes		

Air Quality Discussion:

Issues. Air quality issues involve pollutant emissions from vehicle exhaust and industrial or other stationary sources that contribute to smog, particulates and nuisance dust associated with grading and construction processes, and nuisance odors.

Smog, or ozone, is formed in the atmosphere through a series of photochemical reactions involving interaction of oxides of nitrogen [NO_x] and reactive organic compounds [ROC] (referred to as ozone precursors) with sunlight over a period of several hours. Primary sources of ozone precursors in the South Coast area are vehicle emissions. Sources of particulate matter (PM₁₀) include demolition, grading, road dust, and vehicle exhaust, as well as agricultural tilling and mineral quarries.

The City of Santa Barbara is part of the South Coast Air Basin. The City is subject to the California Ambient Air Quality Standards (CAAQS), which are more stringent than the national standards, for six pollutants: photochemical ozone, carbon monoxide, sulfur dioxide, nitrogen dioxide, particulate matter, and lead. The Santa Barbara County Air Pollution Control District (SBC APCD) provides oversight on compliance with air quality standards and preparation of the County Clean Air Plan. Presently, the County of Santa Barbara is in non-attainment with the CAAQS for ozone (O₃) and particulate matter (PM₁₀). An area is in nonattainment for a pollutant if the applicable CAAQS for that pollutant has been exceeded more than once in three years. There are also heavily congested intersections within the City that may approach the California 1-hour standard of 20 parts per million for carbon monoxide (CO) during peak traffic hours.

Impact Evaluation Guidelines. A project may create a significant air quality impact from the following:

- Exceeding an APCD pollutant threshold; inconsistency with District regulations; or exceeding population forecasts in the adopted County Clean Air Plan.
- Exposing sensitive receptors, such as children, the elderly, or sick people to substantial pollutant exposure.
- Substantial unmitigated nuisance dust during earthwork or construction operations.
- Creation of nuisance odors inconsistent with APCD regulations.

Long-Term (Operational) Impacts: The City of Santa Barbara uses the SBC APCD thresholds of significance for evaluating air quality impacts. The APCD has determined that a proposed project will not have a significant air quality impact on the environment if operation of the project will:

- Emit (from all project sources, both stationary and mobile) less than 240 pounds per day for ROC and NO_x, and 80 pounds per day for PM₁₀;
- Emit less than 25 pounds per day of ROC or NO_x from motor vehicle trips only;
- For CO, contribute less than 800 peak hour trips to an individual intersection;

- Not cause a violation of any California or National Ambient Air Quality Standard (except ozone); and not exceed the APCD health risks public notification thresholds adopted by the APCD Board; and
- Be consistent with the adopted federal and state air quality plans for Santa Barbara.

Short-Term (Construction) Impacts: Projects involving grading, paving, construction, and landscaping activities may cause localized nuisance dust impacts and increased particulate matter (PM₁₀). Substantial dust-related impacts may be potentially significant, but are generally considered mitigable with the application of standard dust control mitigation measures. Standard dust mitigation measures are applied to projects with either significant or less than significant effects.

Exhaust from construction equipment also contributes to air pollution. As a guideline, SBCAPCD Rule 202.F.3 identifies a substantial effect associated with projects having combined emissions from all construction equipment that exceed 25 tons of any pollutant except carbon monoxide) within a 12-month period.

Cumulative Impacts: When a project's emissions exceed a threshold and the project is not accounted for in the most recent Clean Air Plan growth projections, then the project's impact is considered to be a significant contribution to cumulative air quality impacts. The Santa Barbara County Association of Governments and Air Resources Board on-road emissions forecast are used as a basis for vehicle emission forecasting. If a residential project provides for an increased population growth above that forecasted in the most recently adopted CAP, then the project is inconsistent with the CAP and may have a significant impact on air quality. If a commercial or industrial project does not incorporate appropriate CAP Transportation Control Measures, does not incorporate applicable stationary source control measures, and/or is inconsistent with APCD rules and regulations, then the project is inconsistent with the CAP and may have a significant impact on air quality.

Air Quality Impacts:

a-b) Air Pollutant Emissions:

Long-Term (Operational Emissions) Impacts: Long-term project emissions stem from motor vehicle emissions associated with the project and from stationary sources, which may require permits from the APCD. Stationary sources at the hospital include the hospital boilers and sterilizer, which both require APCD permits. The proposed project traffic generation has been evaluated in a draft traffic study prepared for the hospital by Kaku Associated (September 2003). This preliminary study indicates that the hospital project will generate approximately 5,137 daily trips, 466 a.m. peak hour trips and 439 p.m. peak hour trips. The draft Traffic and Parking Study is currently being reviewed by City Staff for completeness and adequacy, and air quality effects may then be considered. Potential localized air emissions affecting residential neighbors from placement of parking garages should also be evaluated. Potentially significant air pollution effects from vehicle emission and stationary sources will be further analyzed in the EIR.

Short-Term (Construction) Impacts: Project construction would involve substantial demolition, grading, paving, construction, and landscaping activities that could cause localized dust related impacts and particulate matter emissions, a potentially significant impact. Standard dust control mitigation measures, such as watering of graded areas, would be applied to the project in accordance with APCD guidelines and City policy. In this instance, given the scope of the project, extensive duration of grading and construction, and proximity of sensitive receptors, including residences and ill people in the hospital and medical offices, further analysis of impacts, refinement of mitigation measures, and consideration of impacts significance is needed in the EIR.

Construction equipment would also emit NO_x and ROC. These emissions from construction equipment are generally considered less than significant, since all construction equipment at a given time in the entire air basin constitutes a minor component of all pollutant emissions. However, such temporary emissions may be significant when a project involves extensive use of construction equipment for lengthy duration. Based on the size and duration of the project construction process, emissions of NO_x and ROC may be potentially significant and will require further analysis in the EIR. A standard measure requiring that construction equipment be maintained in tune is identified below.

Sensitive Receptors: Sensitive receptors are defined as children, elderly, or ill people that can be more adversely affected by air quality problems. Land uses typically associated with sensitive receptors include schools, parks, playgrounds, childcare centers, retirement homes, convalescent homes, hospitals, and clinics. Stationary sources are of particular concern to sensitive receptors, as is construction dust and particulate matter.

The proposed project site is located within and adjacent to areas frequented by individuals defined as sensitive receptors. Land uses of concern include the hospital and other medical facilities in the area, and the child care center. Residents in the area may also include sensitive receptors. Stationary sources associated with the project include boilers and a sterilizer, as well as air conditioning equipment, and the parking garages are also of concern. Additionally, the proposed project would generate substantial particulate matter and dust emissions during portion of construction. These constitute potentially significant impacts that require further evaluation in the EIR.

Cumulative Impacts/ Consistency with the Clean Air Plan:

Consistency with land use and population forecasts in local and regional plans, including the Clean Air Plan (CAP) is required for all projects, including commercial, industrial, residential, and transportation projects. By definition, consistency with the CAP, means that direct and indirect emissions associated with the project are accounted for in the CAP's emissions growth assumptions and the project is consistent with policies adopted in the CAP. The CAP relies primarily on the land use and population projections provided by the Santa Barbara County Association of Governments and Air Resources Board on-road emissions forecast as a basis for vehicle emission forecasting. If a residential project provides for an increased population growth above that forecasted in the most recently adopted CAP, then the project is inconsistent with the CAP and may have a significant impact on air quality. If a commercial or industrial project does not incorporate appropriate CAP Transportation Control Measures, does not incorporate applicable stationary source control measures, and/or is inconsistent with APCD rules and regulations, then the project is inconsistent with the CAP and may have a significant impact on air quality.

The proposed institutional project would incorporate appropriate CAP Transportation Control Measures, applicable stationary source control measures, and would be consistent with APCD rules and regulations. Therefore, the proposed project would be consistent with the CAP.

2.c). Odors:

The proposed project does not contain any features with the potential to emit odorous emissions from sources such as commercial cooking equipment, combustion or evaporation of fuels, sewer systems, or solvents and surface coatings.

Air Quality Mitigation Measures:

Construction Dust Mitigation

AQ-1 During site grading and transportation of fill materials, regular water sprinkling shall occur using reclaimed water whenever the Public Works Director determines that it is reasonably available. During clearing, grading, earth moving or excavation, sufficient quantities of water, through use of either water trucks or sprinkler systems, shall be applied to prevent dust from leaving the site. Each day, after construction activities cease, the entire area of disturbed soil shall be sufficiently moistened to create a crust.

Throughout construction, water trucks or sprinkler systems shall also be used to keep all areas of vehicle movement damp enough to prevent dust raised from leaving the site. At a minimum, this will include wetting down such areas in the late morning and after work is completed for the day. Increased watering frequency will be required whenever the wind speed exceeds 15 mph.

AQ-2 Trucks transporting fill material to and from the site shall be covered from the point of origin.

AQ-3 The haul routes for all construction-related trucks, three tons or more, entering or exiting the site, shall be approved by the Transportation Engineer.

AQ-4 After clearing, grading, earth moving or excavation is completed, the entire area of disturbed soil shall be treated to prevent wind pickup of soil. This may be accomplished by:

- A. Seeding and watering until grass cover is grown;
- B. Spreading soil binders;
- C. Sufficiently wetting the area down to form a crust on the surface with repeated soakings as necessary to maintain the crust and prevent dust pickup by the wind;
- D. Other methods approved in advance by the Air Pollution Control District.

AQ-5 All roadways, driveways, sidewalks, etc., should be paved as soon as possible. Additionally, building pads should be laid as soon as possible after grading unless seeding or soil binders are used.

Construction Equipment

AQ-6 All grading and construction equipment shall be maintained in tune per manufacturers' specifications.

Air Quality Residual Impacts: Potentially significant long-term and construction-related air quality impacts and mitigation will be further evaluated as part of the EIR.

Air Quality EIR Scope of Analysis: **Existing Conditions:** Summary of air quality conditions. **Impacts:** Identify assumptions regarding project vehicle trip generation, operational parameters, and proposed demolition, earthwork and construction (including estimated quantities of cut, fill, and export, phasing, equipment staging, types and numbers of equipment and operating parameters, capacity of trucks for exporting soil, and number of crew). Using current Air Resources Board URBEMIS modeling and Santa Barbara County Air Pollution Control District impact significance guidelines, evaluate impacts associated with total emissions, vehicle emissions, construction equipment emissions, and dust/ particulate matter. Characterize impact significance. Evaluate cumulative impacts. **Mitigation:** Identify feasible mitigation measures to reduce impacts. **Residual Impacts:** Identify impact significance after mitigation.

3. BIOLOGICAL RESOURCES.	NO	YES
Could the project result in impacts to:		<i>Level of Impact Significance</i>
a) Endangered, threatened or rare species or their habitats (including but not limited to plants, fish, insects, animals, and birds)?		Potentially Significant
b) Locally designated historic, Landmark or specimen trees?		Potentially Significant
c) Natural communities (e.g. oak woodland, coastal habitat, etc.).		Potentially Significant
d) Wetland habitat (e.g. marsh, riparian, and vernal pool)?	✓	
e) Wildlife dispersal or migration corridors?	✓	

Biological Resources Discussion:

Issues: Biological resources issues involve the potential for a project to substantially affect biologically-important natural vegetation and wildlife, particularly species that are protected as rare, threatened, or endangered by federal or state wildlife agencies and their habitat, and native specimen trees.

Impact Evaluation Guidelines: Existing native wildlife and vegetation on a project site is qualitatively assessed to identify whether they constitute important biological resources, based on the types, amounts, and quality of the resources within the context of the larger ecological community. If important biological resources exist, project effects to the resources are qualitatively evaluated to determine whether the project would substantially affect these important biological resources. Significant biological resource impacts may potentially result from substantial disturbance to important wildlife and vegetation in the following ways:

- Elimination or substantial reduction or disruption of important natural vegetative communities and wildlife habitat or migration corridors, such as oak woodland, coastal strand, riparian, and wetlands.
- Substantial effect on protected plant or animal species listed or otherwise identified or protected as endangered, threatened or rare.
- Substantial loss or damage to important native specimen trees.

Existing Conditions: The 14.54-acre site is currently developed with the existing main hospital and other paved areas and supporting facilities. Landscaping groundcovers, ornamental shrubs, and trees exist among and around the structures. The City's MEA biological resources maps identify the project site as Urban, with limited native vegetation or habitat. No federal- or state-listed protected species have been observed on the project site or documented from previous surveys.

An Arborist Report (Randall T. Mudge, Certified Arborist, 11-11-02; 07-02-03) catalogues the number, location, species, health and relative importance of every tree in the project area. The site contains some 454 trees representing 45 species, including a variety of mature native and non-native species, such as native Coast Live Oaks, Fern Pine, native Sycamores, Jacarandas, Lemon Gums, Canary Island Pines, palms, and a Moreton Bay Fig tree. The existing tree canopy cover within the project area is estimated from aerial photographs to be approximately 110,000 square feet (2.5 acres). The most abundant species on site are native Coast Live Oak and Fern Pine. Both species are prevalent as street and parking lot trees and are well distributed, with many mature specimens.

All species of trees existing on the project site are identified as relatively healthy, with only a few individual trees in poor condition or dying. However, some Oaks, Fern Pines, and Jacarandas adjacent to paving, parking lots, and parkways are struggling from root loss. The Moreton Bay Fig tree is also outgrowing its space, with the tree's roots disrupting the surrounding paving and curb, the canopy beginning to conflict with the surrounding buildings, and the tree's symmetry being affected. Such conditions limit the potential lifespan of trees and increase maintenance costs of both trees and pavement.

Both Oaks and Jacarandas are official City tree species. Native Oak trees are considered a local species of particular sensitivity from a cumulative biological perspective, due to gradual loss of mature native oaks to urbanization throughout the County. The Arborist Report identifies the Moreton Bay Fig tree located near the intersection of Castillo and Pueblo Streets as a significant tree resource, and the tree was also identified in the Historic Structures Report as eligible for City listing as a potential Historic Object of Merit (further discussion in Section 4, Cultural Resources).

Biological Resources Impacts:

The proposed project development would involve the removal and relocation of numerous trees and much of the existing landscaping on the site. Approximately 312 trees, including twenty-four (24) street trees, would be removed as a result of the project. This would represent removal of an estimated 70,000 square feet (1.6 acres) of tree canopy. Trees to be removed include nineteen (19) Oaks, including eight (8) specimens of 12-inch or greater diameter, and five (5) specimens of 30-inch or greater diameter. Seventeen (17) of 30 Jacarandas are slated for removal. The sidewalk and curb on the proposed site plan would encroach substantially into the root zone of the Moreton Bay Fig tree on its south side.

Ninety 90 trees would be protected in place, including most of the native Sycamores. The ten (10) Jacaranda trees presently established as street trees would remain. The preliminary landscape plan identifies 286 new trees to be planted over the course of the phased implementation of the project. Twenty-seven (27) street trees

would be planted. The project proposes an increase of approximately 80,381 square feet of landscaping throughout the project area.

3.a, c, d, e) Protected Habitat and Wildlife:

The site's landscaped vegetation, consisting of native and ornamental trees, shrubs, and groundcovers, is of limited extent within a fully urbanized area. No wetlands habitat or wildlife migration corridors exist on the site. No protected wildlife or plant species inhabit the site and the limited urbanized habitat would not be expected to support such species. Overall, the existing vegetation represents a minor localized habitat source with limited biological value for urban wildlife, such as birds and other species adapted to urban settings. The site does not constitute an important natural habitat or ecological resource, but does contribute incrementally to cumulative biological, air quality, and open space functions, and provides localized avian habitat. In particular, the site's individual oak trees represent an important biological resource (see further discussion below), and support breeding and nesting of bird species.

The project does not involve substantial change in facility use and operations, human disturbance, or lighting that could substantially affect important biological resources. No impacts to protected wildlife species would result due to the project.

Temporary disruption of the site's vegetation and urban wildlife and loss of biomass would occur during the extensive, multi-year project construction, due to removal of landscaping and trees and construction noise, a potentially significant impact to native oaks and nesting birds. For the long-term, the project proposes replacement trees and increased landscaping to provide a similar level of localized urban habitat, however it would take substantial time for some of the tree species to grow to similar specimen sizes. It is unclear whether a substantial net decrease in biological value would result, a potentially significant impact. Further analysis is needed to evaluate project impact significance and refine mitigation measures.

3.b) Specimen Trees:

The proposed project removal of some 312 trees and 1.6 acres of tree canopy constitutes a potentially significant biological impact from loss of significant specimen trees, including native oaks, and loss of substantial biomass and age diversity. The project site plan would also encroach into the root zone of the Moreton Bay Fig tree on the south side, likely causing substantial damage to the tree, and the proposed design of the building surrounding the fig tree would require its limbs to be shortened to accommodate the new building, a potentially significant impact.

The project Preliminary Landscape Plan identifies replacement landscaping of increased area, and 286 replacement trees, including 27 street trees.

The Arborist report recommends that site planning should take into account all significant mature trees and avoid them as much as possible. Root loss should not be more than 20% of a tree's root zone, otherwise special considerations in design and construction methods should be implemented to minimize root loss. The area of avoidance should extend to the diameter of the root zone plus 10%, ensuring minimal damage to the roots, which typically extend far beyond the drip line or edge of the canopy. Careful attention should be paid to maintaining drainage patterns and avoiding concentrating additional or less rainfall runoff with the root zone.

The Arborist Report identifies mitigation measures for tree protection and construction impacts, preserving and/or transplanting certain trees, and replacement ratios and landscaping. The report recommends parkway planters of at least 5 to 6 feet in width, maximizing the open planter area adjacent to trees wherever feasible, and giving consideration to removing the paving from parkways in favor of open planters or using permeable paving where parkways must be paved.

A tree protection plan designed by a certified Arborist is recommended by the Arborist Report to ensure all trees including the Moreton Bay Fig tree are protected during demolition and construction activities. The plan would provide measures to minimize stressful conditions prior to the start and during construction, including measures for watering, feeding, pest control, barriers and fences for protection, and maintenance during construction to ensure that periodic irrigation and fertilization occurs.

The Arborist Report concludes that 1:1 replacement of the oaks would not provide equivalent canopy or habitat value for decades, and recommends a 3:1 replacement ratio for mature oak trees, defined as those with 12" caliper or greater. For smaller oak trees, the report considers a replacement ratio of 1:1 appropriate mitigation, and estimates that there is sufficient landscape area to mitigate the removal of the exotic species at a 1:1 ratio. The report recommends that consideration be given to increasing the diversity of species and selecting species for avian habitat and forage value. To increase age diversity, the report recommends that one third of the trees be one gallon size or liners and at least one third be 24" box or larger. Locally collected seed is recommended for the small stock. Loss of Sycamore trees is recommended for mitigation by replacement at a 1:1 ratio, with trees of at least 15-gallon size.

Mitigation measures are also recommended by the Arborist Report to address impacts to the Moreton Bay Fig Tree. Future development is recommended to allow for additional growth space. A program of supplemental feeding, mulching, pruning, and irrigation would reduce the need for root area expansion, and periodic canopy reduction would reduce the requirements for water and nutrients. Planting a barrier of inhospitable shrubs around the root zone, and 1-2 feet from paving would avoid foot traffic within the root zone planting area of the tree. The tree is estimated to recover from pruning of its canopy and roots, provided that the total root loss is less than 20% of the root zone and does not remove roots closer than 20 feet from the trunk. However, the report recommends that construction impacts of the proposed motor court be lessened through reducing or redesigning the drop-off area to better accommodate the tree.

The Arborist Report identifies trees with diameter 3" or less as, in general, good candidates for relocation. Most palm trees transplant well due to the nature of their root systems provided that transplanting is undertaken during late spring to early summer. However, King Palms are more problematic and success rates are less. The Arborist Report recommends that King Palms not be transplanted. The report also indicates that many deciduous trees also fare relatively well provided relocation occurs during the dormant season. Trees 6" or larger may be moved, but consideration should be taken with respect to cost, survivability, damage to street improvements, construction schedule, preferred season for relocating, storage and maintenance, etc. The report recommends caution in transplanting substantial trees, despite the trend to do so, because there is not sufficient evidence to support the long-term success of this practice. Trees may live several years after relocation due mostly to use of its stored reserves, only to fail once the stored reserves are depleted, unless the tree is able to re-establish typical root growth.

Biological Resources Mitigation Measure(s):

Tree Protection and Replacement

Successful Mitigation Criteria: The report outlines criteria that address the success of tree replacement and offers mitigation measures for construction activities (please refer to the Arborist Report for more detail). These criterion include the following:

- At the end of five years from planting, trees shall be healthy and vigorous and exhibit recent growth.
- Box size trees shall have 100% success rate. Smaller sizes shall have a 85% survival rate.
- Trees planted from five gallon and smaller shall be six feet or greater in height and 1 ½ " caliper.
- The mitigation-monitoring period shall be extended appropriately until criteria are met.
- Conditions of approval shall state that trees are to be cared for, preserved, and protected throughout their natural life.

B-1 All recommendations outlined in the Arborist Report prepared by Randall T. Mudge, Certified Arborist on November 11, 2002 and revised and amended on July 2, 2003, shall be incorporated into the project.

B-2 All trees adjacent to construction areas shall be fenced with 6' high chainlink fence at the drip line of the tree. Construction related activities shall be prohibited within these fenced areas.

- B-3** All trees adjacent to excavation shall be examined for signs of stress and treated to reduce or eliminate the stressful condition. Examination shall include soil moisture sampling and irrigation, if appropriate, inspection for biological pests and appropriate treatment, assessment to determine if and when fertilization is needed. Fertilization should be avoided within six months of start of activities that would cause impact to the trees.
- B-4** A certified Arborist shall be present during the course of any grading, excavation or construction activity that involves intrusion into the root zone or canopy space of a tree. The Arborist shall make recommendations regarding trenching in the vicinity of roots, pruning of the canopy, and maintenance of the impacted trees. Any roots encountered shall be cleanly cut and sealed with a tree-seal compound. Any thinning or root pruning and trimming shall be done under the direction of a certified Arborist.
- B-5** Ensure that all trees within construction areas receive optimal care including irrigation, fertilization, and pest control. Provide permanent or temporary irrigation systems to facilitate irrigation during the construction period. Where vertical excavations expose roots, the exposed face of the trench should be covered with burlap and kept continuously damp to limit desiccation of the root zone.
- B-6** No storage of heavy equipment or materials, or parking shall take place within 5 feet of the dripline of any tree(s).
- B-7** Landscaping provided under the trees shall be compatible with preservation of the trees as determined by the Architectural Board of Review (ABR). No irrigation systems shall be installed under any oak tree.
- B-8** Coast Live Oaks 12" or larger in diameter removed as a result of the project shall be replaced on a 3:1 and oak trees less than 12" in diameter shall be replaced on a 1:1 ratio. To increase age diversity one third of the trees should be one gallon size or liner, and at least one third should be 24" box or larger. Locally collected seed shall be used for the small stock.
- B-9** Non-native and introduced California Sycamore trees shall be replaced on a 1:1 ratio. Sycamores shall be replaced with at least 15-gallon size trees. All replacement trees shall be preserved for their natural life.

Biological Resources Residual Impacts: Implementation of the proposed tree protection and replacement measures as well as the identified mitigation measures may potentially reduce adverse effects to biological resources to less than significant levels. However, further analysis in an EIR is needed to refine mitigation measures and assess residual impact significance.

EIR Scope of Analysis: Provide peer review of arborist report. **Existing Conditions:** Describe existing vegetation and wildlife on the site and evaluate for biological importance based on qualitative assessment of extent, species, and condition. **Impacts:** Describe project impacts on important biological resources and qualitatively assess impacts for significance level. Evaluate cumulative impacts with other planned projects. **Mitigation:** Identify feasible mitigation measures required to lessen potentially significant impacts to less than significant levels, and measures recommended to further reduce less-than-significant impacts. **Residual Impacts:** Identify impact significance after mitigation.

4. CULTURAL RESOURCES.	NO	YES <i>Level of Impact Significance</i>
Could the project:		Potentially Significant, Avoidable
a) Disturb archaeological resources?		Potentially Significant
b) Affect a historic structure or site designated or eligible for designation as a National, State or City landmark?		
c) Have the potential to cause a physical change which would affect ethnic cultural values or restrict religious uses in the project area?	✓	

Cultural Resources Discussion:

Issues: Archaeological resources are subsurface deposits dating from Prehistoric or Historical time periods. Native American culture appeared along the channel coast over 10,000 years ago, and numerous villages of the Barbareno Chumash flourished in coastal plains now encompassed by the City. Spanish explorers and eventual settlements in Santa Barbara occurred in the 1500's through 1700's. In the mid-1800's, the City began transition from Mexican village to American city, and in the late 1800's through early 1900's experienced intensive urbanization. Historic resources are above-ground structures and sites from historical time periods with historic, architectural, or other cultural importance. The City's built environment has a rich cultural heritage with a variety of architectural styles, including the Spanish Colonial Revival style emphasized in the rebuilding of Santa Barbara's downtown following a destructive 1925 earthquake.

Impact Evaluation Guidelines: Archaeological and historical impacts are evaluated qualitatively by archeologists and historians. First existing conditions on a site are assessed to identify whether important or unique archaeological or historical resources exist, based on criteria specified in the State CEQA *Guidelines* and City Master Environmental Assessment *Guidelines for Archaeological Resources and Historical Structures and Sites*, summarized as follows:

- Contains information needed to answer important scientific research questions and there exists a demonstrable public interest in that information.
- Has a special and particular quality such as being the oldest of its type or the best available example of its type.
- Is directly associated with an important prehistoric or historic event or person.

If important archaeological or historic resources exist on the site, project changes are evaluated to determine whether they would substantially affect these important resources.

Existing Conditions:

Archaeological: The Master Environmental Assessment (MEA) *Cultural Resource Sensitivity Maps* identify the project site location as having the potential for subsurface archaeological resources from the American Period (1870-1900) and Early 20th Century Settlement Period (1900-1920). A Phase 1 Archeological Resources Investigation prepared by Western Points (August 31, 2002), including records research and surface survey of all properties associated with the project, was reviewed and accepted with modifications by the City's archaeological advisor Dr. Glassow and the City Historic Landmarks Commission on August 20, 2003. The study found one new prehistoric site deposit during a field survey, and two other locations where resources exist. A large portion of the acreage within the SBCH project boundary was not visible during the Phase 1 surface survey due to existing buildings, paved areas, and dense vegetation. Based on the study, the entire site is considered to potentially contain buried archaeological resources.

Historical: The MEA *Guidelines* identify the main hospital building (300-320 W. Pueblo) and the Knapp Building (2400 Bath) as potentially eligible to be designated as City Landmarks or Structures of Merit. A

Historic Structures Report was prepared for the project by San Buenaventura Research Associates (January 20, 2003) and augmented by Preservation Planning Associates (June 20, 2003). The report provides a history of Cottage Hospital and neighborhood and the evolution and progression of hospital facilities at this location. It also provides an historic and architectural analysis of each building in the project area. The report identified three structures as potentially significant historic resources. Review and acceptance of the report by the Historic Landmarks Commission will be required.

Ethnic/Religious: Cottage Hospital does not have an existing or historic ethnic or religious significance.

Cultural Resources Impacts:

The project would entail demolition of numerous existing structures, and disturbance of the site to a substantial depth through ground cutting, trenching, grading, and pit excavations for footings.

4.a) Archaeological:

The Phase 1 study found the project site to potentially contain important subsurface archaeological resources. During project grading and site preparation activities, unknown buried cultural deposits could be uncovered and disturbed or lost, a potentially significant and mitigable impact to important archaeological resources.

Mitigation measures were identified in the Phase 1 Report and by the City's Archaeological advisor Dr. Glassow to avoid or lessen potentially significant archaeological impacts. Mitigation measures would include a subsequent surface survey after demolition and pavement removal and prior to further grading and construction; monitoring of earth-moving phases of project development by a City-qualified archaeologist; consultation with a qualified Native American representative and monitoring in the event that prehistoric or other Native American resources are unearthed. In the event important archaeological resources are discovered, further assessment and mitigation would be required to ensure that no significant impacts would result, such as project redesign, overcovering in place, or collection, documentation, and study of artifacts.

The project proposes no disturbance of the site where the new prehistoric deposit was found, and the Phase 1 study concluded no impact and no further archaeological study is necessary for that location at this time. If in the future the site would be affected by another development project, then an archaeological testing program would be necessary.

4.b) Historical:

Of the 16 properties evaluated in the Historic Structures Report, three were identified as significant historic resources.

401 W Pueblo Street/MRI Building: The MRI building was constructed in 1954-55 by the Santa Barbara architectural firm of Howell and Arendt and is currently being used as a department of SBCH. This property is one of the few examples of buildings in Santa Barbara to be clearly inspired by the work of Frank Lloyd Wright, and is also a good unaltered example of the work of the productive Santa Barbara architectural firm of Howell and Arendt. Although this building was not determined eligible for the National Register of Historic Places (NRHP) or the California Register of Historic Resources (CRHR), the project historians identified the MRI building as eligible for designation as a City of Santa Barbara Structure of Merit. Project demolition of this structure would constitute a potentially significant historic resources impact.

The report recommends that 401 W. Pueblo be documented photographically by a qualified preservation professional in accordance with City Standards in order to mitigate potential impacts related to the demolition of the MRI building.

320 W. Pueblo Street/ Hospital and Moreton Bay Fig Tree: The Historic Structure Report found that the Fleischmann Wing of Cottage Hospital is not eligible for NRHP or CRHR listing, but is eligible for a City of Santa Barbara Structure of Merit designation. The Moreton Bay Fig tree was also found eligible for designation as a City Structure or Object of Merit. The tree was planted in 1919 and is the only landscape feature to remain from the construction of the second hospital in 1913. The stone curbs were not found eligible for NRHP, CRHR, or City designation. The project would entail demolition of a large portion of the existing hospital, and

encroachment into growing area of the Moreton Bay Fig tree, which would represent potentially significant impacts to historic resources.

To mitigate potential impacts to the fig tree, the report recommends that a plan to protect the tree from damage during demolition and construction activities be prepared by a qualified arborist.

2400 Bath Street/Knapp Building: The Knapp was constructed in 1923 for the Cottage Hospital School of Nursing and later expanded in 1928. Currently this building is occupied with administrative office uses for the hospital. This property was found eligible for listing on the NRHP and CRHR, and eligible for designation as a City Structure of Merit.

To mitigate potential impacts to the Knapp Building, the report recommends that the design of the new buildings take into account the historic and architectural significance and that new construction respect the historic materials, features, size, scale etc. Project historians also recommend that the parking structure behind the Knapp Building be stepped back 45 feet from the rear walls of the main building and wings, and that the third parking level of the structure be stepped back similar to the Pueblo Parking Structure. The design should be kept simple so as not to compete with the Knapp Building and should be painted a compatible if not similar color.

4.c) Ethnic/Religious:

The proposed project does not have the potential to cause a physical change that would substantially affect ethnic cultural values or restrict religious uses in the project area.

Cultural Resources Mitigation Measure(s):

Archaeological Mitigation

The Owner/Applicant shall complete the following measures prior to the issuance of building permits:

- CR-1** The Owner/ Applicant shall contract with a qualified archaeologist from the City-approved archaeologist to conduct an Extended Phase 1 surface survey following demolitions and removal of existing paved areas, and to monitor all ground disturbing activities. The contract shall establish a schedule for monitoring, consultation as needed with a qualified Native American representative as a sub-consultant to the archaeologist, procedures per City MEA in the event resources are discovered, and a report to the City Environmental Analyst on the findings of the monitoring. Contract(s) shall be subject to the review and approval of the Environmental Analyst.
- CR-2** A construction conference shall be held by the General Contractor at which archaeological procedures shall be reviewed. The conference shall include representatives from the Public Works Department, Building Division, Planning Division, the Property Owner and Contractor.

The following measures shall be specified on the construction plans submitted for building permits and shall be implemented by the Owner/Applicant throughout project construction as specified:

- CR-3** Prior to the start of any vegetation or paving removal, demolition, trenching or grading, contractors and construction personnel shall be alerted to the possibility of uncovering unanticipated subsurface archaeological features or artifacts associated with past human occupation of the parcel, and required procedures for responding.
- CR-4** Extended Phase 1 surface surveys shall be conducted by a qualified archaeologist on the City-approved list following demolition and removal of paved areas and prior to earth-moving, site preparation and construction associated with the project.
- CR-5** A qualified archaeologist from the City-approved list shall monitor ground disturbing activities of the project development, including, but not limited to, grading, excavation, trenching, vegetation or paving removal and ground clearance in the areas identified in the Cultural Resources Study prepared for this site by Western Points, dated August 2002 and revised on June 2003.

CR-6 If cultural resources are encountered or suspected during project development, project work in the vicinity of the find shall be halted immediately and the City Environmental Analyst notified. The project archaeologist shall assess the nature, extent and significance of any discoveries and develop appropriate management recommendations for archaeological resource treatment, including but not limited to redirection of grading and/or excavation activities. If resources are potentially significant, a Phase 3 mitigation program (which may entail measures such as project redesign to avoid resources, documentation and capping of resources in place, or recovery) shall be prepared and accepted by the Environmental Analyst and the Historic Landmarks Commission and implemented. That portion of the Phase 3 program which requires work on-site shall be completed prior to continuing construction in the affected area. If prehistoric or other Native American remains are encountered, a Native American representative shall be contacted and shall remain present during all further subsurface disturbance in the area of the find. If human remains are discovered or suspected, the County Coroner shall be informed immediately and applicable State Health and Safety Code and Public Resources Code procedures shall be followed.

Prior to issuance of the Certificate of Occupancy (Final Inspection), the Owner/ Applicant shall complete the following:

CR-7 If resources were discovered in the course of construction and monitoring, any study and mitigation measures determined necessary to mitigate potential significant impacts to insignificant levels shall be completed.

CR-8 A final report on the results of the archaeological monitoring shall be submitted to the Environmental Analyst within 180 days of completion of the monitoring and receive approval prior to the issuance of the Certificate of Occupancy (Final Inspection).

Historic Mitigation

The Owner/ Applicant shall complete the following measures prior to issuance of demolition permits affecting the referenced resources.

CR-9 Prior to its demolition, the building at 401 West Pueblo Street (MRI Building) shall be documented photographically and with measured drawings in accordance with City historic preservation standards, and under direction of a qualified preservation professional, and documentation shall be submitted and approved by the City Historian.

CR-10 A plan to protect the Moreton Bay Fig tree from damage during demolition, grading and construction activities shall be produced by a qualified arborist, and submitted and approved by the City Environmental Analyst.

The Owner/Applicant shall complete the following measures prior to issuance of building permits.

CR-11 The design of new buildings shall take into account the historic and architectural significance of the building at 2400 Bath Street. The new construction, particularly the proposed parking garage located to the rear of 2400 Bath Street shall respect the historic property's materials, features, size, scale proportions and massing, subject to the approval by the City for conformance to the Secretary of the Interior's Standards. The design of the parking structure shall be simple as to not compete with the Knapp Building. The paint color of the parking structure shall be compatible or similar color to that of the Knapp Building. The parking structure proposed behind the Knapp Building shall at least 45 feet from the rear walls of the main building and its wings. The top parking level of the parking structure shall be stepped back in a similar manner as the Pueblo Parking Structure. The proposed berm shall be removed from the landscape plan.

Cultural Resources Residual Impact: With implementation of identified mitigation measures, *potentially significant* impacts to archaeological resources would be *mitigated to less than significant* levels. Further analysis in the EIR would refine archaeological mitigation with respect to the complicated proposed phasing of

project construction. Further evaluation of potentially significant historic impact significance and mitigation measures is needed in the EIR.

EIR Scope of Analysis: Archaeological Resources: Provide peer review of Phase 1 study. Existing Conditions: Describe known and potential archaeological resources and their importance per resource significance criteria, based on records research and site survey. Impacts: Describe impacts to archaeological resources due to project grading and construction, and characterize impacts per impact significance criteria. Evaluate cumulative impacts in combination with other planned projects. Mitigation: Identify feasible mitigation required to reduce significant impacts, and any feasible mitigation recommended to further reduce less than significant impacts. Mitigation should be refined to address phased construction plan. Residual Impact: Identify residual impact significance after mitigation. **Historical Resources:** Provide peer review of Historical Structures report. Existing Conditions: Describe existing structures and historic importance per criteria. Impacts: Describe project impacts to importance historic resources and impact significance per criteria. Evaluate cumulative impacts in combination with other planned projects. Mitigation: Identify feasible measures required to reduce significant impacts to less than significant levels, and any recommended mitigation to further reduce adverse but not significant impacts. Residual Impact: Identify residual impact significance after mitigation.

5. GEOPHYSICAL.		NO	YES
Could the project result in or expose people to:			<i>Level of Impact Significance</i>
a)	Seismicity: fault rupture?		Less Than Significant
b)	Seismicity: ground shaking or liquefaction?		Potentially Significant, Avoidable
c)	Seismicity: seiche or tsunami?	✓	
d)	Landslides or mudslides?	✓	
e)	Subsidence of the land?	✓	
f)	Expansive soils?	✓	
g)	Excessive grading or permanent changes in the topography?		Potentially Significant, Avoidable

Geophysical Discussion

Issues: Geophysical impacts involve geologic and soil conditions and their potential to create physical hazards affecting persons or property; or substantial changes to the physical condition of the site. Included are earthquake-related conditions such as fault rupture, groundshaking, liquefaction (a condition in which saturated soil loses shear strength during earthquake shaking); or seismic sea waves; unstable soil or slope conditions, such as landslides, subsidence, expansive or compressible/collapsible soils; or erosion; and extensive grading or topographic changes.

Impact Evaluation Guidelines: Potentially significant geophysical impacts may result from:

- Exposure to or creation of unstable earth conditions due to seismic conditions, such as earthquake faulting, groundshaking, liquefaction, or seismic waves.
- Exposure to or creation of unstable earth conditions due to geologic or soil conditions, such as landslides, settlement, or expansive, collapsible/compressible, or expansive soils.
- Extensive grading on slopes exceeding 20%, substantial topographic change, destruction of unique physical features; substantial erosion of soils, overburden, or sedimentation of a water course.

Existing Conditions: The project site is relatively level and developed with the existing hospital facilities and landscaping. The MEA Geophysical maps identify the soil type on the project site as Funglomerate, with

minimal liquefaction potential, minimal erosion potential, and no soil creep or expansive soils. The maps also show the project site to be within an earthquake groundshaking area of low to moderate damage to large structures and moderate damage to old structures.

A Preliminary Geotechnical Report dated October 22, 2002, was prepared by Fugro West, Inc., for the Cottage Hospital project. The report evaluated the geophysical conditions at the proposed central plant and parking structure sites and provides geophysical considerations for the design of the new hospital.

Geophysical Impacts:

5.a,b,c)Earthquake Hazards:

Fault Rupture. According to the Preliminary Geotechnical Report, the site is within a seismically active region of southern California that has experienced ground motion in response to earthquakes in the historical past. The closest faults with reported historic seismic activity are offshore faults in the Santa Barbara Channel. The report notes that in 2002, Stone et al preliminarily mapped a north-south trending strike slip fault between the Mission Ridge fault to the north, and the Mesa fault to the south. The location of the fault is shown striking north-south through the intersection of Oak Park Lane and Junipero Street with the project area. Fugro states that the location and presence of the fault is inferred by indirect evidence and is not well constrained. After further investigation Fugro West, Inc. concluded that the inferred fault does not exist. The United States Department of Interior concurs with Fugro's study and will remove the fault from the United States Geological Service (USGS) geologic maps. Potential for impacts associated with on-site fault rupture are less than significant.

Groundshaking/ Liquefaction. The purpose of the hospital upgrade is to comply with more stringent seismic protection requirements set by the State for acute care facilities. A substantial earthquake on a fault in the vicinity or larger region can be expected during the life of the facility. There is moderate potential for earthquake groundshaking on the project site, as in most locations in California, a potentially significant but mitigable impact for a critical facility. Foundation and structural design standards incorporated into the project would mitigate potential safety effects associated with earthquake hazards to the new facility to less than significant levels, and would constitute a beneficial environmental effect.

The Preliminary Geotechnical Report states that the project site is underlain by artificial fill, alluvium and Fanglomerate soils. Because Fanglomerate is generally dense and above the groundwater table, it is not susceptible to liquefaction or significant seismic settlement in response to earthquake groundshaking. The majority of alluvial soils encountered within the project site are above the expected groundwater level and relatively dense, and therefore have a low potential for liquefaction or seismic settlement. However, relatively loose silty sand alluvial deposits were encountered at the southeast corner of the hospital's Parking Lot #3, which is the location proposed for the Pueblo Parking Structure and child care center, indicating a potentially significant but mitigable impact associated with liquefaction or seismic settlement. The report recommends that the loose soils be removed from the building area and replaced with compacted fill as part of the site grading. This would provide uniform foundation support for the structure and reduce the potential for settlement of the loose soil under seismic or static loads. With the incorporation of the recommendations of the Preliminary Geotechnical Report, potential impacts associated with seismic hazards would be mitigated to less than significant levels.

Seiche/ Tsunami. The City's Master Environmental Assessment (MEA) Geophysical maps identify the project site as not subject to seismic waves that could be induced in lakes (seiche) or the ocean (tsunami) or associated run-up areas. Impacts associated with these hazards are not expected to occur.

5.d,e,f) Slope and Soil Instability, Depth to Groundwater

Landslides/Subsidence/Expansive Soils. The MEA geologic maps identify the project site as not subject to landslides, subsidence or expansive soils. Impacts associated with these hazards are not expected to occur.

Groundwater. According to the Geotechnical Report, groundwater was not encountered at approximately 31 ½ feet (maximum depth explored) below the existing ground surface during their exploration. It is reported that the depth to permanent groundwater (measured in nearby wells) is greater than 50 feet below the ground surface

at the site. The report acknowledges that seepage was reported in LCA (1982a, 1982b) at depths ranging from 23 to 49 feet below the groundwater that was flowing within granular layers within the fanglomerate and indicate that groundwater conditions will vary seasonally, due to storm runoff, groundwater pumping, irrigation, as well as other factors. Both the hospital and parking structures are proposed to have some underground square footage. The depths of these areas may be as deep as 27 feet. The final depths have not yet been finalized, therefore, groundwater impacts due to the proposed structures may be potentially significant and will need further analysis in the EIR.

5.g) Topography/ Grading/ Erosion:

The subject site is relatively flat in the area of proposed construction. Approximately 84,100 cubic yards of cut and 21,500 cubic yards of fill grading are proposed for construction of the hospital, central plant, child care center and parking structures for the project. A preliminary grading plan for the hospital component has been prepared and provides the proposed quantities of grading cut and fill that would be undertaken for all buildings and structures within the Specific Plan area. Based on the preliminary grading figures for the parking structures and hospital components, the amount of export estimated is 49,200 cubic yards (CY). The earthwork quantities are as follows:

PROJECT COMPONENT	CUT	FILL	NET CUT/FILL
Central Plant	13,500 CY	100 CY	13,400 CY Cut
Hospital	27,600 CY	21,400 CY	6,200 CY Cut
Knapp Parking Structure	19,000 CY	0 CY	19,000 CY Cut
Pueblo Parking Structure/Child Care Center	24,000 CY	0 CY	24,000 CY Cut
Total	84,100 CY	21,500 CY	62,600 CY Cut

The substantial grading quantities are due to the subterranean components of the hospital, central plant and parking structures. The grading would not result in a significant or undue alteration of the surface topography of the site.

Short-term soil erosion and sedimentation effects associated with grading activities would be potentially significant but mitigable to less than significant levels through best management practices. Grading operations would be regulated by a City Building Permit, and mitigation measures would be implemented to minimize potential wind and water erosion of soils during grading operations as detailed in the Air Quality and Water Resources Sections. See also the Noise Section for discussion of vibration issues during grading, and Traffic Section for discussion of truck traffic associated with export of cut material.

Geophysical Mitigation Measures:

GEO-1 All recommendations outlined in the *Preliminary Geotechnical Investigation* prepared by Fugro West Inc. on October 22, 2002, shall be incorporated into the project design and implemented during construction.

Geophysical Residual Impact: Impacts are expected to be less than significant after mitigation. Further evaluation and refinement of mitigation measures would be provided in the EIR.

Geophysical EIR Scope of Analysis: Utilize and provide peer review of project geotechnical reports, and review any project modifications since reports prepared. **Existing Conditions:** Summarize topographic, geologic, seismic, and soil conditions on the site. **Impacts:** Describe project changes and evaluate project impacts associated with seismic/ geologic/ soil conditions, grading, and erosion/ sedimentation. Characterize impact significance. Address cumulative impacts. **Mitigation:** Refine identified mitigation measures and identify any additional mitigation measures. **Residual Impacts:** Identify impact significance after mitigation.

6. HAZARDS.		NO	YES
Could the project involve:			Level of Significance
a)	A risk of accidental explosion or release of hazardous substances (including, but not limited to: oil, pesticides, chemicals or radiation)?		Potentially Significant, Avoidable
b)	The creation of any health hazard or potential health hazards?		Potentially Significant, Avoidable
c)	Exposure of people to existing sources of potential health hazards?		Potentially Significant, Avoidable
d)	Increased fire hazard in areas with flammable brush, grass, or trees?		Less Than Significant

Hazards Discussion:

Hazards Issues: Hazardous materials issues involve the potential for public health or safety impacts from exposure of persons or the environment to hazardous materials or risk of accidents involving combustible or toxic substances.

Hazards Impact Evaluation Guidelines: Significant impacts may result from the following:

- Siting of incompatible projects in close proximity to existing sources of safety risk, such as pipelines, industrial processes, railroads, etc.
- Exposure of project occupants or construction workers to unremediated soil or groundwater contamination.
- Exposure of persons or the environment to hazardous substances due to improper use, storage, or disposal of hazardous materials.
- Siting of development in a high fire hazard areas or beyond adequate emergency response time, with inadequate access or water pressure, or otherwise in a manner that creates a fire hazard

Existing Conditions: Hazardous materials are used in medical practices on site by the existing hospital facility. Such materials and wastes are subject to extensive governmental regulation for proper handling, transport, storage, and disposal. The hospital currently has materials and waste management and reduction strategies in place, including a program for the collection and proper disposal of medical and biohazardous waste and materials. Regulated medical waste or biohazardous waste is placed in red bags and placed in red collection containers. The containers are picked-up once daily and transported to the waste management center. All biohazardous waste is treated in a retort sterilizer and processed in the same manner as general waste. The hospital generates approximately 500 gallons of biohazardous waste per week. Additionally, hazardous wastes, i.e., chemotherapy, toxic and flammable liquids, etc, are currently held in the generating department until processed or picked up by the appropriate waste disposal contractor. The clinical laboratory generates the largest amount of hazardous waste, at four 55-gallon drums of flammable materials per month. No substantial public health or safety hazard exists on the site from this source.

Currently the hospital has an Emergency Management Plan in place that is designed to manage the consequences of natural disasters and other emergency situations that disrupt the hospital's ability to provide care and treatment. The plan identifies specific procedures to mitigate, prepare for, respond to and recover from emergencies. The plan addresses the initial impact a disaster may have on the hospital as well as methods of sustaining operation and recovery with the goal of restoring the hospital in the same or better physical condition that existed prior to the disaster.

The hospital's Emergency Management Manual contains Response Plans to address emergencies such as abductions (minor and infants), abusive/assaultive behavior, assault with weapons/hostage situations, bomb threats, fire, and hazardous materials spill/release. A Decontamination Plan is also included to deal with toxic clouds and water system failures or disruptions. Other events such as bioterrorism, civil disturbance, earthquake, evacuation, flood, radiation exposure, search and rescue, etc., are also addressed in the Manual.

Hazards Impacts:

6.a,b,c) Health and Safety Hazards

Hazardous Materials and Waste. The proposed hospital project will continue to use and dispose of medical and other hazardous materials. Hazardous materials would continue to be handled and disposed of as required by County, State and Federal law. The hospital identifies no projected increase in hazardous materials use and waste generation as a result of the new facility.

Biohazardous waste handling procedures would provide for transport of waste from the patient care and administrative areas via a manual cart system to the Soiled Dock Facility where it would be automatically dumped into a waste sterilization unit that sterilizes the biohazardous/medical waste. Once the sterilization process has been completed, the waste would be compacted into a roll-off container. Upon reaching its capacity, the container is transported to the waste disposal facility. A Hazardous Waste Accumulation Area would be provided adjacent to the Soiled Dock platform. This area would be used to temporarily hold hazardous items awaiting pick up by the disposal contractors. A Hazardous Waste Business Plan is required to be filed and maintained with the County and City Fire Departments.

The hospital has also retained the firm of Cini-Little Schachinger to further develop management practices for hazardous and biohazardous materials reduction, use, and disposal, to ensure continuation of the health and safety of its employees, patients and visitors as well as the larger environment and community.

Given that no substantial increase in the amount of hazardous materials use and waste generation is projected, and the handling, use, transport, and disposal of such materials will continue to be highly regulated, the project would result in less than significant impacts. Further discussion of this issue would be provided in the EIR.

Sewage Disposal. The proposed hospital sanitary waste/sewer system would be designed according to the 2001 California Plumbing code; Part 5; Title 24; California Code of Regulations Chapters 7, 8, 9 and 10-Sanitary Drainage, and would be subject to review and approval by the Office of Statewide Hospital Planning and Development (OSHPD) and City Public Works Department.

Individuals in the public have raised concerns regarding potential risk to the environment and community health from discharge of untreated hospital sewage into City mains, the adequacy of the local sewer system to treat multi-drug resistant bacteria, pathogens, and chemical or biological waste before releasing it into the marine environment, and from exfiltration of untreated hospital effluent into surrounding areas through leaking City sewer mains before reaching the treatment plant. The City Public Works Department has responded that there is no evidence to substantiate these fears. The City sewage treatment plant is specifically designed to treat bacteria and pathogens, which may be received from throughout the City, not just the hospital. The City's sewage treatment plant meets U.S. Environmental Protection Agency standards developed specifically to ensure safety to the public and environment. Recent studies of the City sewer system have shown that sewer pipes in the area around the hospital are in good condition. No examples of hospitals in the United States that separately pre-treat sewage were identified from the American Society of Healthcare Engineers (ASHE). Further discussion of this issue will be provided in the EIR.

Public Security. Hospital facilities are subject to State design and operational regulations addressing public security. The existing hospital facilities meet regulatory requirements for protecting occupant and public safety and security. Public comments have indicated concerns about bioterrorism. The proposed new facilities would have a beneficial effect with respect to public security, because the facility design and equipment would utilize state-of-the-art design and technology. Also see the Public Services section of this Initial Study.

Aircraft Safety. The new hospital structures would include several tall architectural elements, including a tower. The project design would be required to conform with Federal Aviation Administration aircraft safety criteria, and would therefore result in a less than significant impact to aircraft safety. The new hospital would establish a heliport at the top of the Diagnostic and Treatment Building, with helicopter flight path along Highway 101 and then turning near the freeway intersection with Pueblo Street to make a direct approach toward the hospital. The hospital projects use of the heliport to bring in or transport out patients on average twice per week based on historic frequency of such patient needs and use of other heliports. However, no operational limit to the number of flights is proposed, since the purpose is for critical medical need, and it is not possible to know the actual number of future needs. Helicopter overflights already occur periodically in residential areas. The periodic additional hospital-related flights would not substantially increase the public safety risk of crashes, a less than significant public safety effect. Concern about this issue has been raised in public comment, and the EIR will provide additional discussion. (See also Section 7, Noise, for discussion of helicopter noise.)

Asbestos. Demolition of older structures on the site would likely involve asbestos handling and disposal. This activity would be subject to regulation by the Santa Barbara County Air Pollution Control District. Implementation of required regulatory procedures would ensure protection of the site occupants, public, workers, and the environment, and potentially significant impacts would thereby be reduced to less than significant levels. Refinement of mitigation measures will be provided as part of the EIR.

Soil Contamination. The new Central Plant is proposed on the site of a previous Central Plant for the hospital, where one 8000-gallon underground fuel storage tank and one 2000-gallon waste-oil underground storage tank were part of the old Central Plant. These underground storage tanks were located adjacent to the existing Boiler Plant on the south side of Bath Street. In 1987, both the underground storage tanks were removed from the site and holes were observed in the waste-oil tanks. Contaminated soil (approximately 200-400 cubic yards) was removed from the site and additional site investigation and monitoring was required by the County of Santa Barbara Fire Department, Protection Services Division, Hazardous Materials Unit). A remedial action plan was approved for the site and implemented. The County approved completion of site investigation and remedial action in March 1995.

A Site Mitigation Plan for SBCH's Central Plant (June 2003) was prepared for the purpose of identifying appropriate soil management practices during construction of the new Central Plant. The plan includes measures related to health and safety for construction workers, dust control, soil transportation and disposal, and stormwater run-off control. Upon completion of the excavation and soil disposal, regulations require SBCH to prepare a document certifying that the provisions of the Site Mitigation Plan were completed. Impacts from exposure to hazardous substances are potentially significant, but mitigable to less than significant levels with implementation of these mitigation measures.

6.d) Fire Hazard

The project site is not located in a City-designated high fire hazard area. The project would continue the hospital use on the site, using newer and larger facilities and state-of-the-art equipment. The project would be subject to State Fire Marshall, Office of Statewide Hospital Planning and Development (OSHDP), and City Fire Department and Ordinance requirements for adequate access and circulation, structural design/materials, on-site water and fire suppression equipment, and landscape maintenance. Additionally, an automatic fire sprinkler system in accordance with Federal and State fire and building codes would be provided for all buildings within the project, including the hospital, parking structures, and Central Plant. The project proposes an upgraded hospital facility and as such would incorporate state-of-the-art facilities and fire suppression equipment. The hospital would continue to provide emergency and evacuation planning and training. The project would not result in increased fire hazards. As part of the EIR, further discussion will be provided to address temporary changes in fire protection measures during the ten-year phased construction period (See Public Services section discussion and mitigation measure.)

Hazards Mitigation Measures:

- H-1** Prior to issuance of a Building permits, the applicant shall provide evidence in writing to the City Planning Division that contaminated soil on the project site has been removed and either treated or disposed of at an approved facility in accordance with applicable regulations to the satisfaction of the Santa Barbara County Fire Department Protection Services Division. Documentation certifying that the provisions of the Site Mitigation Plan were completed shall be prepared by a person qualified to confirm implementation of the Site Mitigation Plan.
- H-2** Handling and disposal of asbestos shall be conducted in accordance with regulatory permits obtained prior to the issuance of demolition permits.
- H-3** Measures in accordance with applicable regulations shall be implemented throughout demolition, grading and construction activities to provide for protection of workers and on-site occupants in the event that unknown subsurface hazardous materials are unearthed. Disposition of such materials shall be undertaken in accordance with all applicable regulations to ensure that no long-term hazard remains.

Hazards Residual Impact: Potential health and safety hazards would be mitigated to less than significant levels through compliance with regulatory protections and appropriate project design and operating procedures. Further discussion of hazards impacts and refinement of mitigation measures will be provided in the EIR.

Hazards EIR Scope of Analysis: **Existing Conditions:** Describe existing conditions on the site pertaining to hazards. **Impacts:** Identify potential project impacts associated with public exposure to hazards, including hazardous materials use and disposal, sewage disposal, public security, aircraft safety, asbestos removal, soil contamination, and fire hazard, and characterize impact significance. Address cumulative impacts. **Mitigation:** Identify feasible measures to reduce potentially significant impacts. **Residual Impacts:** Identify impact significance after mitigation.

7. NOISE. Could the project result in:	NO	YES Level of Significance
a) Increases in existing noise levels?		Potentially Significant
b) Exposure of people to severe noise levels?		Potentially Significant

Noise Discussion:

Issues: Noise issues are associated with siting of a new noise-sensitive land uses in an area subject to high ambient background noise levels, siting of a noise-generating land use next to existing noise-sensitive land uses, and short-term construction-related noise.

The primary source of ambient noise in the City is vehicle traffic noise. The City Master Environmental Assessment (MEA) Noise Contour Maps identify average ambient noise levels associated within the City.

Ambient noise levels are determined as averaged 24-hour weighted levels, using the Day-Night Noise Level (L_{dn}) or Community Noise Equivalence Level (CNEL) measurement scales. The L_{dn} averages the varying sound levels occurring over the 24-hour day and gives a 10 decibel penalty to noises occurring between the hours of 10:00 p.m. and 7:00 a.m. to take into account the greater annoyance of intrusive noise levels during nighttime hours. Since L_{dn} is a 24-hour average noise level, an area could have sporadic loud noise levels above 60 dB(A) which average out over the 24-hour period. CNEL is similar to L_{dn} but includes a separate 5 dB(A) penalty for noise occurring between the hours of 7:00 p.m. and 10:00 p.m. CNEL and L_{dn} values usually agree with one another within 1 dB(A). The Equivalent Noise Level (L_{eq}) is a single noise level, which, if held constant during the measurement time period, would represent the same total energy as a fluctuating noise. L_{eq} values are commonly expressed for periods of one hour, but longer or shorter time periods may be specified. In general, a change in noise level of less than three decibels is not audible. A doubling of the distance from a noise source will generally equate to a change in decibel level of six decibels.

Guidance for appropriate long-term background noise levels for various land uses are established in the City General Plan Noise Element Land Use Compatibility Guidelines. Building codes also establish maximum average ambient noise levels for the interiors of structures.

High noise levels occur with the use of heavy equipment such as scrapers, rollers, graders, trenchers and large trucks for demolition, grading, and construction. Equipment noise levels can vary substantially through a construction period, and depend on the type of equipment, number of pieces operating, and equipment maintenance. Construction equipment generates noise levels of more than 80 or 90 dB(A) at a distance of 50 feet, and the shorter impulsive noises from other construction equipment (such as pile drivers and drills) can be even higher, up to and exceeding 100 dB(A). Noise during construction is generally intermittent and sporadic, and after completion of the initial demolition, grading and site preparation activities, tends to be quieter.

The Noise Ordinance (Chapter 9.16 of the Santa Barbara Municipal Code) governs short-term or periodic noise, such as construction noise, operation of motorized equipment or amplified sound, or other sources of nuisance noise. The ordinance establishes limitations on hours of construction and motorized equipment operations, and provides criteria for defining nuisance noise in general.

Impact Evaluation Guidelines: A significant noise impact may occur from:

- Siting of a project such that persons would be subject to long-term ambient noise levels in excess of Noise Element guidelines as follows:
 - Residential: Normally acceptable maximum exterior ambient noise level of 60 dB(A); maximum interior noise level of 45 dB(A).
 - Hospitals: Normally acceptable maximum exterior ambient noise level of 65 dB(A); maximum interior noise level of 45 dB(A).
 - Parks: Normally acceptable maximum acceptable exterior ambient noise level of 65 dB(A).
 - Commercial: Normally acceptable maximum exterior ambient noise level of 75 dB(A); maximum interior ambient noise level of 50 dB(A).
- Substantial noise from grading and construction activity in close proximity to noise-sensitive receptors for an extensive duration.

Existing Conditions: Based on the City MEA 1997 Noise Contour Map, the ambient noise level around proposed project site is 60 dB(A) Ldn, with vehicle traffic noise as the primary noise source. Noise-generating activities associated with the existing hospital include vehicle noise, emergency sirens, and mechanical equipment. Noise-sensitive receptors in the project area include the on-site hospital uses and surrounding residential and medical office uses.

Noise Impacts:

7.a,b) Noise Level Increases; High Noise Exposures: .

Long Term (Operational) Impacts:

Vehicle Traffic. The change in traffic generation associated with the proposed project has not been determined at this time, but will be evaluated as part of the EIR. Noise associated with increased traffic trips therefore has not been quantified and is identified at this time as a potentially significant impact, which will be further analyzed in the EIR.

Parking Structures. The preliminary acoustical report conducted a noise measurement survey at the Northridge Hospital parking structure, to provide a basis for assessing potential noise impacts that could result from the operation of the proposed Cottage Hospital parking structures. Ambient noise sources measured at the Northridge hospital included traffic on local streets, lawnmowers and leaf blowers, delivery truck pass by, tire squeals, door slams, car alarms, and horns and engine start ups. The acoustical report extrapolated data from the Northridge Hospital Survey to determine noise source levels expected for the proposed SBCH parking structures. Using this method, the hourly Leq for parking noise at 50 feet distance during daytime hours was

estimated to be 45.4 dB(A). The report concludes that the addition of the Pueblo Parking Structure would increase ambient noise levels by an estimated 1 dB, which is considered to be inaudible and insignificant.

Due to the close proximity of the proposed parking structures to residential uses, the 24-hour operation of the parking structures, and the lack of design specifics for the proposed parking structures, noise impacts are identified as potentially significant and further analysis of this impact and the need for any design or operational mitigations is warranted in the EIR.

Mechanical Equipment. The proposed hospital facility is expected to have new mechanical equipment on the building roof tops. Given noise-sensitive land uses in the vicinity, including residential, potentially significant impacts associated with the hospital mechanical equipment may occur and require further analysis in the EIR.

Helipad. In July 2001, SBCH received approval from the City Planning Commission to construct a helipad and elevator vestibule on the sixth floor rooftop of the hospital, for the transport of patients. This approval was in part based on an acoustical analysis prepared by AAI in February 1999 and revised in September 1999, which concluded that the installation and use of the helipad would not result in significant noise impacts. The approved helipad was never constructed due to the impending hospital facility upgrade, and the helipad approval has since expired.

The current project proposal includes a helipad at a different location on the rooftop of the planned Diagnostic and Treatment building, and 20 feet lower than the originally approved helipad and about 240 feet west of the original location. An addendum to the acoustical analysis assessing the proposed helipad was prepared in June 2003 by AAI for the project. The report indicates that under normal conditions, the helicopter would follow a flight path along Highway 101 and make a direct approach toward the hospital after turning near the freeway intersection with Pueblo Street.

Helicopter flights are projected to occur on average two times per week, based on historic rate of patient need and use of helicopter transport at other airports. Associated noise would occur for an estimated period of one minute from the freeway ingress to the rooftop helipad. Upon landing, the cool down period for the helicopter is two minutes followed by complete shut down. Departure of the helicopter would follow a two-minute engine start up, with one-minute egress from the hospital to the freeway. Helicopter activity could occur at any time of the day or night. Noise measurements during a test flight were taken at six representative locations, with noise levels measured at 92-95 dB in surrounding residential and office areas, 104-106 dB at the hospital exterior, and 65 dB in the hospital interior. These represent insignificant increases and decreases from the levels projected at the prior location. Given the infrequency and short duration of the flights, this noise source would not substantially increase the average ambient background noise levels in the neighborhood. Long-term, 24-hour average ambient noise levels would remain at less than 60 dBA Ldn and within City noise guidelines for residential areas. The average helicopter Sound Exposure Level (SEL) and 24 hour day-night levels (Ldn) measurements were as follows:

Helicopter Noise Levels at Original and Currently Proposed Helipad Locations				
Individual Flights			Worse Case 24 hours	
Helicopter Sound Exposure Level (SEL)			Helicopter Day-Night Level (Ldn)	
Site	Original	Relocated	Original	Relocated
1 Office/Residential	92.2	93.0	56.6	57.4
2. Office/Residential	93.0	94.8	57.4	59.2
3. Hospital/Office	101.0	104.0	65.4	68.4
4. Office/Residential	95.0	92.5	59.4	56.9
5a Hospital Exterior	105.8	105.8	69.1	69.1
5b Hospital Interior	65.5	65.5	29.9	29.9

Additional analysis regarding the combined long-term noise effects from all sources, and the operational parameters of the helipad activities, will be further analyzed in an EIR.

Temporary (Construction) Impacts:

The project involves an extensive demolition, grading, and construction process phased over a multi-year period through the year 2013. The Preliminary Construction Management Plan prepared by McCarthy proposes work hours to be Monday through Friday from 7:00 a.m. to 6:00 p.m. and Saturday from 7:00 to 5:00 p.m. Occasional nighttime work is also anticipated for most of the construction phases.

Grading and Construction Equipment. The acoustical analysis prepared for the project estimates daily average construction noise levels (Ldn) at the closest residences at below 75 dB. While this elevated level might be considered acceptable for noise-sensitive land uses for a short construction period, in this case the project construction process would last for more than a decade. The average Ldn values are up to 15 dB higher than the City guidelines for normally acceptable long-term background residential noise levels, and 10 dB higher than for hospital exterior noise guidelines, a *potentially significant* impact.

Truck Traffic. The transport of heavy construction equipment, delivery trucks, and trucks exporting excavated soil would result in noise impacts to existing residential and other noise-sensitive land uses along the access routes. The acoustical report estimated that a truck passby at 50 feet distance and 30 mph would produce maximum noise levels of 80 dB(A). The average number of trips per day was estimated to be 20 for demolition, 45 for the parking structure construction, and 50 for new hospital construction. Additional trips would occur during soil excavation. Noise impacts resulting from construction activities and construction truck traffic would be considered *potentially significant*.

The acoustical report recommends noise mitigation measures, including the use of the quietest equipment, best placement of equipment, off-site cement mixing, placing temporary noise barriers around the noisiest operations, limited hours of construction, limited equipment haul and delivery routes, and a community information program to assist in reducing noise impacts. Given the duration of the construction period and location of residences immediately adjacent to the proposed parking structures, a recommended mitigation measure is included that would reduce noise impacts by limiting construction hours further than what is required by the Municipal Code or requested by the applicant.

Further evaluation of construction-related noise impacts and identification of feasible mitigation would be provided in the EIR.

Vibration. The acoustical report states that heavy diesel powered equipment such as pile drivers, bulldozers and other heavy tracked equipment generate *potentially significant* ground-borne vibration levels. The report found that worst case maximum vibration velocity levels expected would be perceptible (above 65 dB) and may cause annoyance (72 to 80 dB), but would be well below damage thresholds of 95 to 100 dB.

A letter report addressing vibration effects during construction was prepared by Fugro West, Inc. (September 2, 2003). The report states that vibration can be transmitted to the ground resulting in motion that can be damaging to structures and sensitive equipment depending on the force delivered to the ground, the frequency of the vibration, and the distance a structure or equipment is from the source of the vibration. Construction activities that are most commonly associated with potentially damaging ground vibrations include blasting explosives, demolition activities, pile driving, and earthwork compaction performed using vibratory equipment. The report states that the hospital project is likely to only involve demolition and compaction using that could be performed in association with earthwork and paving activities. The analysis determined that large vibratory rollers have the potential to cause damage to structures when operated at maximum frequency within 10 feet of adjacent structures. The vibration at maximum frequency may be perceptible to persons within 100 feet of the equipment during operation, and would unlikely be noticed at 200 feet from the equipment. While the report indicates that the hospital may or may not use such roller during construction, it points out that this type of equipment presents the most severe cause of vibrations relative to other pieces of equipment that will be used. In addition, the report states that large rollers are not essential pieces of equipment for recompaction and that

alternative equipment that utilizes static compaction can typically be used in lieu of vibratory equipment to achieve the same results.

The Vibration Report also addresses potential affects on hospital equipment that may be sensitive to construction vibration and recommends that the hospital review the types of equipment and its proximity to construction activities. Sensitive equipment should be moved or protected during construction activities.

According to the Vibration Report, the potential for construction to result in vibrations that would damage neighboring residences or structures is low. The noise that the equipment generates is not necessarily associated with the equipment's potential to generate ground motion or vibrations. The report indicates that the noise and perception of ground motions may cause persons in neighboring structures to inspect their structures and notice cracks or other types of cosmetic or structural distress, that may or may not have been present prior to beginning construction activities. The report recommends that the hospital prepare a crack survey and video reconnaissance of neighboring residences and structures prior to construction to document the condition of adjacent structures and properties. Further discussion and analysis of impacts and mitigation measures will be provided in the EIR.

Noise Mitigation Measures:

- N-1. Construction shall be prohibited (including preparation for construction work) before 8:00 a.m. and after 5:00 p.m., Monday through Friday, and all day on Saturdays, Sundays, and holidays observed by the City as legal holidays as shown below:

New Year's Day	January 1 st
Martin Luther King Jr.'s Birthday	3 rd Monday in January
President's Day	3 rd Monday in February
Memorial Day	Last Monday in May
Independence Day.....	July 4 th
Labor Day	1 st Monday in September
Thanksgiving Day.....	4 th Thursday in November
Following Thanksgiving Day	The Friday following Thanksgiving
Christmas Day.....	December 25 th

*When a holiday falls on a Saturday or Sunday, the preceding Friday or following Monday respectively shall be observed as a legal holiday

- N-2 Construction Contractors shall use equipment with best available noise control technology in regards to mufflers, acoustically treated components, etc. When feasible, noisy operations and equipment shall be located as far as possible from noise sensitive land uses.
- N-3 Temporary noise barriers shall be provided around construction site-perimeters.
- N-4 Develop and execute a community information program, notifying neighbors of planned construction schedules and periods of maximum activity.
- N-5 Limit equipment haul and delivery routes to Junipero Street for access and Pueblo Street for egress.
- N-6 Prepare a crack survey and video reconnaissance documenting the existing condition of neighboring structures prior to project construction.

Noise Residual Impacts: Potentially significant long-term operational and construction noise impacts and mitigation measures to be further evaluated in the EIR.

Noise EIR Scope of Analysis: Existing Conditions: Describe existing ambient noise levels. Impacts: Identify project long-term operational noise and temporary construction-related noise effects to hospital occupants and surrounding residential and other noise-sensitive land uses. Add concurrent noise sources to identify overall noise effects. Characterize impact significance levels. Address cumulative impacts with other planned projects in the area. Mitigation: Identify feasible mitigation measures to reduce temporary construction-related noise and long-term noise impacts. Residual Impacts: Identify impact significance after mitigation.

8. POPULATION AND HOUSING.		NO	YES
Could the project:			Level of Significance
a)	Induce substantial growth in an area either directly or indirectly (e.g. through projects in an undeveloped area or extension of major infrastructure)?		Less Than Significant
b)	Displace existing housing, especially affordable housing?		Less Than Significant

Population and Housing Discussion:

Impact Evaluation Guidelines: Potentially significant population and housing impacts may result from:

- Growth inducement, such as provision of substantial population or employment growth or creation of substantial housing demand; development in an undeveloped area, or extension/ expansion of major infrastructure that could support additional future growth.
- Loss of a substantial number of housing units, with special concern about loss of more affordable housing.

Population and Housing Impacts:

The proposed hospital project is intended to upgrade and modernize their existing facility in order to comply with the seismic requirement of Senate Bill 1953, rather than to expand hospital use and services beyond that of the existing facility. SBCH proposes the number of licensed beds to decrease from 456 to 337, and projects that the number of employees responsible for inpatient care would not increase with the implementation of their proposed project. If outpatient volumes increase as projected by the hospital, up to 28 additional employees (full-time equivalents, or FTEs) may be required through the year 2013.

8.a) Growth-Inducing Effects: The proposed project is located in an already developed area and would not require extension of any major infrastructure other than normal utility service connections within the boundaries of the site. SBCH would continue to have adequate capacity to serve projected number of inpatients and outpatients, including those occurring as a result of the closure of the St. Francis Medical Center. SBCH estimates that employment levels may increase by up to 28 FTEs by the year 2013 to support increases in patient volumes. If needed, these staff increases would be expected to occur gradually over time, with some portion of positions filled by existing local residents. Immigration from outside the County could account for some portion of future staff. This would not constitute a substantial increase in population, employment, or housing demand, and would represent a *less than significant* growth-inducing impact. Replacement of the hospital in the same location with continuing hospital operations would not be expected to have substantial growth-inducing impacts in other areas. Further analysis will be provided in the EIR.

8.b) Housing Displacement: Two dwelling units are proposed to be demolished as a result of this project. The displacement of these two units would be considered an adverse, but *less than significant* impact.

Population and Housing Mitigation Measures: Mitigation measures will be considered in the EIR.

Population and Housing Residual Impact: Residual impacts related to population growth and housing will be further analyzed as a required element of the EIR.

Population and Housing EIR Scope of Analysis: Evaluate potential for project to affect population, employment, and housing demand.

9. PUBLIC SERVICES.		NO	YES <i>Level of Significance</i>
Could the project have an effect upon, or result in a need for new or altered services in any of the following areas:			
a)	Fire protection?		Less Than Significant
b)	Police protection?		Less Than Significant
c)	Schools?		Less Than Significant
d)	Maintenance of public facilities, including roads?		Less Than Significant
e)	Other governmental services?		Less Than Significant
f)	Electrical power or natural gas?		Less Than Significant
g)	Water treatment or distribution facilities?		Less Than Significant
h)	Sewer or septic tanks?		Less Than Significant
i)	Water distribution/demand?		Less Than Significant
j)	Solid waste disposal?		Potentially Significant

Public Services Discussion:

Issues: This section evaluates project effects on fire and police protection services, schools, road maintenance and other governmental services, utilities, including electric and natural gas, water and sewer service, and solid waste disposal.

Impact Evaluation Guidelines: The following may be identified as significant public services and facilities impacts:

- Creation of a substantial need for increased police department, fire department, road maintenance, or government services staff or equipment.
- Generation of substantial numbers of students exceeding public school capacity where schools have been designated as overcrowded.
- Inadequate water, sewage disposal, or utility facilities.
- Substantial increase in solid waste disposal to area sanitary landfills.

Existing Conditions: The project site is located in an existing developed urban area where all public services are currently available. The existing hospital is served by City Police and Fire Department services, , City Public Works Department water and sewer service and road maintenance, other City and County governmental services, natural gas, electric, and telephone utilities, and solid waste pick-up and disposal service. Children of hospital employees would attend public schools in districts in which they reside.

Public Services Impacts:

9.a,b) Fire and Police Protection

The proposed SBCH upgrade project would continue to be served by the City Fire and Police Department. The replacement facilities would be newer and more spacious, and would contain state-of-the-art on-site security and fire protection equipment, and improved circulation and parking, a benefit to public security and fire protection. The project would not create patient volume increases, which may occur with or without the hospital modernization. Periodic upgrade of Fire and Police Department equipment is an ongoing component of the City budget process. Should City population increases create the need for additional police or fire department staff, it

is addressed by the City Council. Project impacts to fire and police services would be less than significant. A recommended measure is identified to address temporary changes affecting fire and police protection during the extended phased construction process.

9.c) Schools

Commercial and institutional projects may generate new elementary and secondary students to the extent that new employment could be created that results in new residents to the area. If outpatient volume grows as projected by the hospital, up to 28 additional employees (full-time equivalents, or FTEs) would be added to the existing hospital workforce through the year 2021. If employees were added, they would be added gradually over time and would be expected to live in various areas, with school attendance similarly spread out. Some new employees could already be residents of the South Coast, whose student generation impacts were already considered as part of the review of their housing development. A portion of new employees could involve immigration to the South Coast. Unlike a residential project that falls into a generally defined school attendance area, students generated by a commercial or institutional development could live and attend a school in any area of the South Coast or other parts of the County or other counties.

None of the school districts in the City have been deemed to be "overcrowded" as defined by California State law. School impact fees would be required for the project in accordance with State law. Impacts to schools would be less than significant.

9.d,e,f) Facility Maintenance, Other Services; Utilities

The existing project utilizes City streets for access and receives service from all local utilities as well as water, storm drain, and sanitary sewer service from the City, and other City and County governmental services. The project would entail localized connections to utility systems as part of the phased reconstruction. The closure of Castillo Street between Junipero and Pueblo Streets will require some utilities to be re-routed. Additionally, there may be some damage to local streets during construction when heavy vehicles are driving to and from the site with construction materials, fill dirt, etc. However, standard City requirements for road repair after construction would be required and would mitigate the impact. This issue will be addressed in more detail in the EIR as a part of the other short-term construction related impacts to traffic and circulation. No change to ongoing long-term maintenance of facilities would occur due to the project. Project impacts would be less than significant.

9.g,h,i) Water and Sewer

Water. The City of Santa Barbara's water supply comes from the following sources, with the actual share of each determined by availability and level of customer demand: Cachuma Reservoir and Tecolote Tunnel, Gibraltar Reservoir and Mission Tunnel, 300 Acre Feet per Year (AFY) of contractual transfer from Montecito Water district, groundwater, State Water Project entitlement, desalination, and recycled water. Conservation and efficiency improvements are projected to contribute to the supply by displacing demand that would otherwise have to be supplied by additional sources. In 1994, based on the comprehensive review of the City's water supply in the Long Term Water Supply Alternatives Analysis (LTWSAA), the City Council approved the Long Term Water Supply Program (LTWSP). The LTWSP outlines a strategy to use the above sources to meet the projected demand of 17,900 AFY (including 1,500 AFY of demand projected to be met with conservation) plus a 10 percent safety margin for a total of 19,700 AFY. Therefore, the target for the amount of water the system will actually have to supply, including the safety margin, is 18,200 AFY. For the year 2001-2002, the demand as measured by the system production was 14,291 Acre Feet (AF). Of the total system production, 95% was potable water and 5% was reclaimed water.

A preliminary Water Use Analysis for the hospital was preformed by Penfield & Smith (July 1, 2003) that quantifies the existing demand for potable water and projects the demand for potable water after the new hospital has been constructed. The analysis indicates that at 100% occupancy the existing hospital has a peak water demand of approximately 261 gallons/minute. The analysis also projects the peak water demand for the proposed hospital project at 100% (337 beds) occupancy to be 155 gallons/minute. The reduction in water demand would be due to the use of low flow plumbing fixtures in the new hospital.

Using the preliminary water use analysis prepared for the hospital, the existing peak water demand for the hospital is estimated at 43.56 AFY when the normal number of beds (236) are occupied and 84.28 AFY at 100% occupancy (456 beds). The proposed water use with the project for normal occupancy (236 beds) would be 34.90 AFY and 49.83 AFY for 100% occupancy (337 beds). Based on these calculations, the proposed hospital project may decrease their water demand by 8.66 AFY during average bed occupancy and 34.45 AFY during 100% bed occupancy. The hospital water use analysis is preliminary and further analysis will be undertaken as part of the EIR.

Sewer. The Public Works Water Resources Division estimates sewage generation for non-residential projects to be approximately 83.86% of water demand (the remaining 16.14% is used for landscaping, etc., and is not captured by the sewage system). The project's estimated net new water demand would be approximately 34.90 AFY during average bed (236) occupancy and 49.83 AFY during 100% bed (337) occupancy, representing a decrease in the exiting water demand for the hospital.

The preliminary Water Use Analysis utilizes a conservative approach to evaluate the change in the peak sewer demand caused by the construction of the new hospital. This approach assumes that all the water flowing into the hospital would leave the hospital in the sewer, at the same peak flow rates that it enters. Therefore, the expected changes in peak sewer discharge would be the same as the peak demand for potable water. There would be a drop in sewer flows from the hospital during normal occupancy periods. At 100% occupancy, there would be an additional 20 gallons/minute of peak sewer flows from the hospital. The project would produce approximately 75,240 net new gallons of sewage per day during 100% bed occupancy. The maximum capacity of the El Estero Treatment Plant is 11 million gallons per day, and there is adequate remaining capacity for long-term service of planned growth. The EIR will provide further discussion of water and sewer issues associated with the project.

9.j) Solid Waste

Most of the waste generated in the City is transported for disposal at the Tajiguas sanitary landfill operated by the County of Santa Barbara or other County landfills. The County has developed thresholds related to the impacts of development on remaining landfill capacity. The County's thresholds are based on the projected average solid waste generation for Santa Barbara County from 1990-2005. The County assumes a 1.2% annual increase (approximately 4000 tons per year) in solid waste generation over the 15-year period.

The County's threshold for project specific impacts to the solid waste system is 196 tons per year (this figure represents 5% of the expected average annual increase in solid waste generation [4000 tons/year]). Source reduction, recycling, and composting can reduce a project's waste stream by as much as 50%. If a proposed project generates 196 or more tons per year after reduction and recycling efforts, impacts would be considered significant and unavoidable.

Proposed projects with a project specific impact as identified above (196 tons/year or more) would also be considered cumulatively significant, as the project specific threshold of significance is based on a cumulative growth scenario. However, as landfill space is already extremely limited, any increase in solid waste of 1% or more of the expected average annual increase in solid waste generation [4000 tons/year], which equates to 40 tons per year, is considered an adverse cumulative impact.

Currently, general or regular waste from the nursing units is bagged and temporarily held in appropriate locations within the unit before it is picked up and transported to the hospital's existing waste management center. SBCH contracts with a waste removal contractor that picks up the waste three times per week. The hospital generates approximately four tons of general waste per week. The Waste Management and Reduction Plan being prepared will address the following types of waste generated by the hospital: recyclable waste, general or regular waste from nursing units, waste generated from hospital operations would continue to be transported from the patient care and administrative areas via a manual cart system to the Soiled Dock Facility where it would be dumped into a 39 cubic yard compactor/container.

Using methodology and factors in the County's *Environmental Thresholds and Guidelines Manual* (1995), the existing hospital facility currently generates approximately 606 tons of solid waste annually. The proposed

project's estimated annual solid waste generation is 852 tons. This represents an increase of 246 tons of solid waste annually. This amount of solid waste would represent a *potentially significant* impact. With the implementation of existing and proposed reuse, reduction and recycling programs, the project's estimated net increase in annual solid waste generation could be reduced by up to 50%. This would decrease the estimated solid waste generation to 123 tons per year, an adverse but *less than significant* project-specific impact and contribution to cumulative impacts. Mitigation measures are recommended for the proposed project to reduce the proposed project's solid waste stream.

The demolition of a large portion of the existing hospital and lengthy construction process would also entail substantial temporary demolition/construction waste, a *potentially significant* impact.

Further analysis of waste generation and refinement of both temporary construction-related and long-term operation mitigation measures

Public Services Mitigation Measures:

Solid Waste

- PS-1** The applicant shall provide a plan identifying fire and police protection changes and measures to be provided during the phased construction period.
- PS-2** A source reduction/recycling plan shall be developed for the proposed project and submitted for review and approval by the City's Environmental Analyst and the County's Solid Waste Division prior to building permit issuance. The plan shall identify proposed methods of feasibly reducing, reusing, and recycling solid waste, both for project demolition and construction and long-term operations.
- PS-3** The proposed project shall provide space and/or bins for storage of recyclable material on the project site. This information shall be shown on the building plans and installed as a part of the proposed project's improvements. Recycle boxes shall also be provided throughout the construction process for construction waste.

Public Services Residual Impact:

Project impacts associated with fire and police protection, utilities, schools, water and sewer are expected to be less than significant. Solid waste impacts are potentially significant. Further analysis of impacts and refinement of mitigation measures would be provided in the EIR.

Public Services EIR Scope of Analysis: The EIR shall provide a summary and refined evaluation of public services and facilities effects of the project, including fire and police protection, utilities, schools, water and sewer, and solid waste. This will include a description of existing conditions, temporary impacts during construction, long-term impacts during project operations, cumulative impacts, and mitigation measures that can feasibly reduce any significant impacts.

10. RECREATION.		NO	YES
Could the project:			<i>Level of Significance</i>
a)	Increase the demand for neighborhood or regional parks or other recreational facilities?		Less Than Significant
b)	Affect existing parks or other public recreational facilities?		Potentially Significant

Recreation Discussion:

Issues: Recreational issues are associated with increased demand for recreational facilities, or loss or impacts to existing recreational facilities.

Impact Evaluation Guidelines: Recreation impacts may be significant if they resulted in:

- Substantial increase in demand for park and recreation facilities in an area under-served by existing public park and recreation facilities.
- Substantial loss or interference with existing park space or other public recreational facilities such as hiking, cycling or horse trails.

Existing Conditions: There are a number of parks in the surrounding area, including Oak Park in the immediate neighborhood, Rocky Nook Park, Alameda Park and Alice Keck Park. Oak Park is the site of numerous large festivals through the year. There are also numerous other City and regional parks and beaches, National Forest lands, and recreational trails within the larger South Coast vicinity. The project site does not contain public parks, trails, or other recreational facilities.

Recreation Impacts:

10.a) Recreational Demand: Employees for the hospital are not expected to significantly increase as a result of the project. A portion of the projected 28 additional employees over the next ten years may involve immigration to the area. With incremental addition of a small number of employees over time and employees likely to locate in various areas, the proposed project would not substantially increase demand at existing City and regional parks or other recreational facilities. The rebuilt hospital would include sufficient and improved on-site areas for employee, patient, and visitor relaxation.

10.b) Existing Recreational Facilities: Oak Park is several blocks from the hospital. No substantial long-term impacts to the park are expected due to the hospital project. Analysis of circulation and traffic impacts associated with the closure of a portion of Castillo Street will include consideration of effects on Oak Park.

The proposed project would result in nuisance effects in the area surrounding the hospital during the lengthy construction due to noise, and construction-related traffic, circulation, and parking changes. Individuals visiting Oak Park, which is several blocks away from the hospital, could use other streets or Highway 101 to access the park. Special and ethnic events are held annually at Oak Park and attract hundreds of visitors to the area. Construction traffic, noise and road closures during this time are considered *potentially significant* and will be further discussed in the EIR.

Recreation Mitigation Measures:

The EIR will identify any mitigation measures that could feasibly reduce impacts to recreational facilities.

Recreation Residual Impact:

Impacts and mitigation measures would be further assessed in the EIR

Recreation EIR Scope of Analysis: The EIR analysis of temporary construction-related circulation, traffic, parking and noise impacts and mitigations will include consideration of impacts to Oak Park.

11. TRANSPORTATION/CIRCULATION.	NO	YES <i>Level of Significance</i>
Could the project result in:		
a) Increased vehicle trips?		Potentially Significant
b) Hazards to safety from design features (e.g. sharp curves, inadequate sight distance or dangerous intersections)?		Potentially Significant
c) Inadequate emergency access or access to nearby uses?		Potentially Significant
d) Insufficient parking capacity on-site or off-site?		Potentially Significant
e) Hazards or barriers for pedestrians or bicyclists?		Potentially Significant

Traffic/Circulation/Parking Discussion:

Issues: Transportation issues include traffic, access, circulation, safety, and parking. Vehicle, bicycle and pedestrian, and transit modes of transportation are all considered, as well as emergency vehicle access. The City General Plan Circulation Element contains policies addressing circulation, traffic, and parking in the City.

Impact Evaluation Guidelines: A proposed project may have a significant impact on traffic/ circulation/ parking if it would:

Vehicle Traffic

- Cause an increase in traffic that is substantial in relation to the existing traffic load and street system capacity (see traffic thresholds below).
- Cause insufficiency in transit system.
- Conflict with Congestion Management Plan (CMP) or Circulation Element or other adopted plan or policy pertaining to vehicle or transit systems.

Circulation and Traffic Safety

- Create potential hazards due to addition of traffic to a roadway that has design features (e.g., narrow width, roadside ditches, sharp curves, poor sight distance, inadequate pavement structure) or that supports uses that would be incompatible with substantial increases in traffic.
- Diminish or reduce safe pedestrian and/or bicycle circulation.
- Result in inadequate emergency access on-site or to nearby uses.

Parking

- Result in insufficient parking capacity for the projected amount of automobiles and bicycles.

Existing Conditions: The main entrance to the hospital is on Bath Street, with other access points provided on Pueblo and Castillo Streets. The Eye Center and the hospital emergency room can be accessed from Junipero and Bath Streets. The intersections surrounding the hospital and nearby intersections are operating acceptably at LOS C or above during both the a.m. and p.m. peak hours. The intersection at Las Positas Road/Tallant Road is currently operating at LOS D in the morning peak hours and LOS F in the evening peak hours. The existing hospital-generated parking demand is 1,206 parking spaces, while on-site parking stalls are 888. Part of the existing demand is supplied by on-street parking.

Traffic/Circulation/Parking Impacts:

11.a) Traffic

The City uses Levels of Service (LOS) "A" through "F" to describe operating conditions at signalized

intersections in terms of volume-to-capacity (V/C) ratios.

The City General Plan Circulation Element establishes the goal for City intersections to not exceed LOS C (0.70-0.80 V/C).

For purposes of environmental assessment, LOS C at 0.77 V/C is the threshold Level of Service against which impacts are measured. An intersection is considered "impacted" if the volume to capacity ratio is .77 V/C or greater.

Project-Specific Significant Impact: A project-specific significant impact results when:

- (a) Project peak-hour traffic would cause a signalized intersection to exceed .77 V/C, or
- (b) The V/C of an intersection already exceeding .77 V/C would be increased by .01 (1%) or more as a result of project peak-hour traffic.

For non-signalized intersections, delay-time methodology is utilized in evaluating impacts.

Significant Cumulative Contribution: A project would result in a significant contribution to cumulative traffic when

- (a) Project peak-hour traffic together with other cumulative traffic from existing and reasonably foreseeable pending projects would cause an intersection to exceed .77 V/C, or
- (b) Project would contribute traffic to an intersection already exceeding .77 V/C.

A Preliminary Trip Generation and Parking Demand Analysis for the project was prepared by Associated Transportation Engineers (ATE) on January 28, 2003. The study presents preliminary estimates of the additional traffic that would be generated by the project and quantifies the amount of parking that would be required to serve the expanded hospital facility.

The study assumed that the number of existing licensed beds for the hospital is 328 that would be reduce to 322 by the proposed project. It also assumed that the number of occupied beds is anticipated to increase from the current level of 213 occupied beds to a future level of 251 occupied beds for a net increase of 38 occupied beds. Based on these assumptions, the study determined that proposed hospital project would generate 447 average daily trips, 41 A.M. peak hour trips and 46 P.M. peak hour trips based on the increase of 38 occupied beds.

These numbers have been recently refined in a draft Traffic and Parking Study prepared by Kaku Associates (September 2003). The draft report determined that the existing hospital generates approximately 471 a.m. peak hour trips and 450 p.m. peak hour trips. The implementation of the proposed hospital is projected to generate 466 a.m. peak hour and 439 p.m. peak hour trips. The study thus concludes that the proposed project would generate less peak hour traffic and therefore, would not result in traffic impacts. The draft Traffic and Parking Study is currently undergoing review by City Staff for completeness and adequacy.

The project would also generate temporary construction-related traffic associated with export of graded cut and transport of construction equipment, materials, and crews.

Further analysis of temporary and long-term project-specific and cumulative traffic impacts will be further assessed in the EIR.

11.b,c, e) Access/ Circulation/ Safety:

Castillo Street Closure. In 1999, an analysis was prepared by ATE to evaluate traffic and circulation impacts associated with the permanent closure of the 2300 block of Castillo Street, between Junipero and Pueblo Streets to accommodate the hospital rebuild. In order to better evaluate closing this segment of Castillo Street, a "temporary closure" was installed for a period of 45 days.

The report indicated that the majority of the diverted volumes used Bath Street, Oak Park Lane, Junipero Street and Pueblo Street. The additional traffic, which would use Bath, Junipero and Pueblo Streets as a result of the permanent closure would not be expected to significantly impact roadway traffic operations. Permanently closing Castillo Street would add 1,100 Average Daily Trips (ADT) to the 2300 Block of Oak Park Lane (an

increase of approximately 131 percent). This street segment abutted primarily to medical land uses, with two residential units present. According to the report, the traffic volumes would be well within acceptable limits given the width of the road, the prevailing vehicle speeds, and the land uses present.

The report determined that the permanent street closure would not significantly impact the operation of the study-area intersections, as they would continue to operate within acceptable level of service range of A-B. However, the report recommended that if the street were to be permanently closed, traffic control at the Pueblo/Castillo Street intersection be converted from a four-way stop to a one-way stop (on Castillo Street). Also, that the City should consider the installation of a four-way stop sign control at the Oak Park Lane/Pueblo Street intersection.

The report also found that the street closure would not significantly impact pedestrian and bicycle circulation in the area due to the presence of alternative street routes on either side of the 2300 block of Castillo Street (2300 blocks of Bath Street and Oak Park Lane).

The draft Traffic and Parking Study (Kaku, September 2003) also considered the Castillo Street closure. The study found that even with the added traffic, all the intersections analyzed are expected to operate at acceptable levels of service (LOS C or better) in the year 2013. Therefore, the study concluded that the proposed closure of Castillo Street from Pueblo to Junipero would not have a significant impact on the operation of the project area intersections. The study also determined that the closure of Castillo Street would impact approximately 83 (12%) of the 674 pedestrians who travel Castillo Street during a typical weekday. The proposed closure of this segment of Castillo Street is projected to add approximately 900 feet to the overall travel length. The draft study is currently being reviewed by City Staff for completeness and adequacy and therefore, impacts associated with the closure of the 2300 block of Castillo Street will be further analyzed in the EIR.

Access/ Circulation: The main entrance to the hospital is on Bath Street, with other access points provided on Pueblo and Castillo Streets. The Eye Center and the hospital emergency room can be accessed from Junipero and Bath Streets. Also, the proposed closure of Castillo Street would result in the redirection of the main entrance of the hospital to the Castillo and Pueblo Streets intersection.

Transportation Planning Staff as well as the ABR/PC subcommittee for the hospital has expressed concerns regarding the closure of Castillo Street. A pedestrian thoroughway has been identified as necessary for the project in order to provide a connection between Pueblo and Junipero Streets. Additionally, concerns have been expressed regarding the pedestrian circulation and access to and around the site, especially with the proposed closing of the site along Oak Park Lane with a long stretch of high hedges and along Junipero with the linear expanse of emergency parking. Staff has requested that the hospital consider providing direct access off Oak Park Lane and off Junipero for the purposes of providing pedestrian access to and from the adjacent medical uses for doctors and patients. The hospital has indicated that due to security reasons, a public access way through the hospital from Pueblo to Junipero would be problematic. The ABR/PC subcommittee formed to assist in the design review of the project as well as the full ABR will address this issue as the project proceeds through the City's application process.

As proposed, the Oak Park Lane frontage does not have any pedestrian access and the Junipero frontage is dominated by the emergency parking area. In addition, the proposed partial closure of Castillo Street requires pedestrians to walk around the block in order to get to Junipero Street. The lack of pedestrian amenities with the proposed design discourages pedestrian travel. The closure of Castillo Street between Junipero and Pueblo Streets has raised the issue that pedestrian and bicycle access should be maintained for this portion of Castillo Street.

Transportation Staff also identified concerns regarding the design of proposed Parking Structure 2, in that it is not conducive to circulation to and around the hospital. As proposed, people that park their vehicles will be required to cross at the corner where cars will be diverted at the proposed entry of the hospital. There should be safe, direct and efficient pedestrian access to the hospital with the least potential for vehicular conflicts.

Further identification of temporary changes to access and circulation during the extended construction period is needed.

It is also noted that the City Transportation Planning Division is undertaking a Neighborhood Transportation Management Planning process for the Oak Park neighborhood over the next year to address various existing and anticipated localized traffic and circulation issues and the identification of traffic calming measures.

Further assessment of access and circulation impacts and refinement of mitigation measures will be undertaken by the EIR.

11.d) Parking:

A Preliminary Trip Generation and Parking Demand Analysis was prepared for the project (ATE, January 2003). The report states that the peak parking demands observed during surveys conducted at the hospital parking lots ranged from 853 to 859 vehicles. The study estimated the future peak parking demand for the project to be 1,263 parking spaces.

The draft Traffic and Parking Demand Study prepared for the project (Kaku, September 2003) identifies the future parking demand for the hospital to be 1,143 parking spaces. This includes 743 spaces for employees, 100 for physicians, 10 for volunteers, 224 for patients and visitors and 55 for the Cancer Center. City Staff is currently reviewing the draft Traffic and Parking Study for completeness and adequacy, and impacts related to parking demand will be further evaluated as part of the EIR.

Two parking structures are proposed as part of the project. Combined, the two structures would contain approximately 1,202 parking spaces. Parking Structure 1 is proposed to be located behind the Knapp building at 2400 Bath Street and Parking Structure 2 would be located at the northeast corner of Castillo and Pueblo Streets. The location of the parking structures, specifically the Pueblo Street structure has been identified as a major concern by the residents on Parkway Drive. The neighbors have stated that a parking structure so close to their residences would be the least desirable element in their neighborhood. They are concerned that this parking structure which is intended to primarily serve the public will get more use at night than other public parking garages located within the City typically do. Noise resulting from car alarms, lights from cars entering and exiting at night and emissions from idling vehicles will adversely impact the quality of life for these residents. They urge the hospital to consider other parking alternatives in order to eliminate Parking Structure #2 from their proposed project.

Additionally, Transportation Planning has indicated that SBCH should consider placing a parking structure under the hospital for a number of reasons, including, reducing the aesthetic impact to the neighborhood as well as reducing pedestrian traffic conflict by eliminating the need for intersection crossings. SBCH has responded by indicating that providing parking underneath the hospital facility is infeasible, both from a structure and financial standpoint. Transportation Staff has requested additional information related to the infeasibility of providing parking under the hospital structure.

Further identification of temporary changes to parking during the ten-year phased construction process is needed.

Impacts related to the location of the parking structures and circulation and access impacts will be further studied in the EIR.

Traffic/Circulation/Parking Mitigation Measures:

TC-1 The route of construction-related traffic shall be established to minimize trips through surrounding residential neighborhoods.

TC-2 Construction parking shall be provided as follows:

- A. During construction, free parking spaces for construction workers shall be provided on-site or off-site in a location subject to the approval of the Transportation and Parking Manager.
- B. On-site or off-site storage shall be provided for construction materials and equipment. Storage of construction materials within the public right-of-way is prohibited.

Traffic/Circulation/Parking Residual Impact: Residual impacts related with traffic/circulation/parking will be further analyzed in the EIR.

Traffic/Circulation/Parking EIR Scope of Analysis: Existing Conditions: Describe existing circulation and traffic conditions, including nearby intersections operating at impacted Levels of Service per City criteria. Impacts: Describe project changes and evaluate impacts associated with short-term construction-related traffic, circulation, and parking; long-term project-related traffic impacts, project contribution to cumulative traffic, vehicle, pedestrian, bicycle circulation, and emergency vehicle access and neighborhood evacuation route. Characterize impact significance. Mitigation: Identify feasible mitigation measures to reduce significant traffic or circulation impacts. Residual Impacts: Characterize significance level after mitigation.

12. WATER ENVIRONMENT.		NO	YES
Could the project result in:			<i>Level of Significance</i>
a)	Changes in absorption rates, drainage patterns, or the rate and amount of surface runoff?		Potentially Significant
b)	Exposure of people or property to water related hazards such as flooding?		Potentially Significant
c)	Discharge into surface waters?		Potentially Significant
d)	Change in the quantity, quality, direction or rate of flow of ground waters?		Potentially Significant
e)	Increased storm water drainage?		Potentially Significant

Water Resources Discussion:

Issues: Water resources issues include changes in offsite drainage and infiltration/groundwater recharge; storm water runoff and flooding; and water quality.

Impact Evaluation Guidelines: A significant impact would result from:

Water Resources and Drainage

- Substantially changing the amount of surface water in any water body or the quantity of groundwater recharge.
- Substantially changing the drainage pattern or creating a substantially increased amount or rate of surface water runoff that would exceed the capacity of existing or planned drainage and storm water systems.

Flooding

- Locating development within 100-year flood hazard areas; substantially altering the course or flow of flood waters or otherwise exposing people or property to substantial flood hazard

Water Quality

- Substantial discharge of sediment or pollutants into surface water or groundwater, or otherwise degrading water quality, including temperature, dissolved oxygen, or turbidity.

Water Resources Impacts:

12.a,c-e) Drainage/Water Quality

The Preliminary Drainage Analysis prepared by Penfield & Smith (June 13, 2003) evaluated on and off site drainage in the vicinity of the proposed project, particularly changes in peak flows onsite and changes in drainage patterns from existing to proposed conditions. The analysis concludes that there is no increase in peak

flows onsite as a result of the project and that no retention of onsite runoff is required. The report recommends that surface water be directed to a bioswale to be placed parallel to Junipero Street along the northwest property boundary. All drainage from the adjacent parking lot will outlet into the bioswale before discharge into the street via a sidewalk underdrain. The report indicates that onsite storm drains should outlet into landscaped areas to aid in filtration and minimize runoff from the site.

Offsite drainage patterns are determined to be impacted by the project with an increase in flows expected on Junipero Street and Oak Park Lane westerly of the Junipero and Castillo Street intersection. The largest increase in flow occurs on Oak Park Lane from Junipero Street to Pueblo with a total increase of 74 cubic feet per second (cfs). To mitigate the increased flow, the report recommends that a 36" storm drain be constructed from the Junipero Street and Castillo Street intersection to the outlet to Mission Creek at the Junipero Street Bridge. Additionally, the report also recommends that storm drain and inlets should be sized to accommodate the difference in street flow. Potentially significant impacts related to flooding will be further analyzed in the EIR.

The potential for short-term water quality impacts due to erosion and sedimentation during grading and construction would be minimized with implementation of standard mitigation measures.

12.b) Flooding

A Preliminary Flood Analysis was prepared for the project by Penfield & Smith (September 26, 2002), which indicates that the project site is located in the overland flooding areas of Mission Creek and is partially located in the 100 year flood plain as mapped by the Federal Emergency Management Agency (FEMA). As such, the potential exists for the site to be subject to flooding during extreme storm events. According to the report, during a 100-year flood, Mission Creek will breakout in the vicinity of De La Vina Street and result in approximately 3200 cfs escaping from the channel and running through city streets. FEMA has designated the breakout region east of the creek from De La Vina to the 101 freeway as a Zone AH flood hazard area. Flood Zone AH is designated as a special flood hazard area inundated by flood depths of 1 to 3 feet during a 100-year flood. The report analyzes the existing flooding conditions in the project area and makes preliminary determination of the impacts of the proposed hospital project, the closure of Castillo Street and changes in drainage patterns. It concludes that the project will improve flood conditions in most areas, but would increase flood levels on some properties and streets near the hospital. There would also be a reduction in flood-prone areas east of the Oak Park/Pueblo Street intersection. However, the area on the south side of Junipero between Castillo Street and Oak Park Lane which is proposed for emergency room parking is shown as being in an area of surface water elevation increase of 1-3 feet during a 100-year flood event. This could be considered a potentially significant flooding impact resulting from the project and will need to be further analyzed in the EIR.

The project is proposing to revise the floodplain and reroute the floodway of the effective Flood Insurance Rate Map (FIRM). The hospital has requested a Conditional Letter of Map Revision (CLOMR) from the Federal Emergency Management Agency (FEMA) for the proposed work. FEMA is currently review this request and will comment on whether the proposed project will meet minimum National Flood Insurance Program (NFIP) standards and hydrology requirements. These comments are expected in the near future. Upon completion of the project, a Letter of Map Revision (LOMR) will be obtained from FEMA, which verifies that the finished work is in conformance with the CLOMR. At that time FEMA will issue a Letter of Map Change (LOMC) along with the revisions to the effective FIRM.

Water Resources Mitigation Measures:

- W-1** All recommendations outlined in the Preliminary Drainage Report prepared by Penfield & Smith on June 13, 2003 shall be incorporated into the project.
- W-2** An Erosion Control Plan utilizing Best Management Practices shall be developed for construction activities to maintain all sediment on site and out of the drainage system. The plan shall address proposed project phasing, and shall include, at a minimum, the following:

1. Minimize the area of bare soil exposed at one time (phased grading).
2. Install silt fence, sand bag, hay bale or silt devices where necessary around the project site to prevent offsite transport of sediment.
3. Bare soils shall be protected from erosion by applying heavy seeding, within five days of clearing or inactivity in construction.
4. Construction entrances should be stabilized immediately after grading and frequently maintained to prevent erosion and control dust.
5. Establish fuel and vehicle maintenance staging areas located away from all drainage courses, and design these areas to control runoff.
6. Maintain and wash equipment and machinery in confined areas specifically designed to control runoff. Thinners or solvents should not be discharged into sanitary or storm sewer systems. Washout from concrete trucks should be disposed of at a location not subject to runoff and more than 50 feet away from a storm drain, open ditch or surface water.

Additional mitigation measures to further reduce impacts will be identified in the EIR.

Water Resources Residual Impact:

Residential impacts related to drainage, flooding, water quality shall be further analyzed in the EIR.

Water Resources EIR Scope of Analysis: Existing Conditions: Describe existing floodplain, drainage, storm water runoff, and water quality conditions. Impacts: Describe project changes, evaluate project and cumulative impacts, and characterize impact significance. Mitigation: Identify feasible mitigation measures to reduce significant impacts. Residual Impacts: Identify impact significance following mitigation.

MANDATORY FINDINGS OF SIGNIFICANCE.		YES	NO
a)	Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal or eliminate important examples of the major periods of California history or prehistory?	✓	
b)	Does the project have the potential to achieve short-term, to the disadvantage of long-term, environmental goals?		✓
c)	Does the project have impacts that are individually limited, but cumulatively considerable? ("Cumulatively considerable" means that the incremental effects of a project are considerable when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects)?	✓	
d)	Does the project have environmental effects, which will cause substantial adverse effects on human beings, either directly or indirectly?	✓	

INITIAL STUDY CONCLUSION

On the basis of this initial evaluation it has been determined that: The proposed project MAY have a significant effect on the environment, and further study in an ENVIRONMENTAL IMPACT REPORT is required.

Case Planner/Initial Study Preparer: Irma Unzueta Irma Unzueta, Project Planner

Environmental Analyst: Barbara R. Shelton Date: 10-9-03
Barbara R. Shelton

Exhibits

1. Vicinity Map
2. Project Plans

NOTE: Technical reports used to prepare this study are available for public review at the City of Santa Barbara Planning Division office, located at 630 Garden Street.

LIST OF SOURCES USED IN PREPARATION OF THIS INITIAL STUDY

The following sources used in the preparation of this Initial Study are located at the Community Development Department, Planning Division, 630 Garden Street, Santa Barbara and are available for review upon request.

California Environmental Quality Act (CEQA) & CEQA Guidelines

General Plan Circulation Element

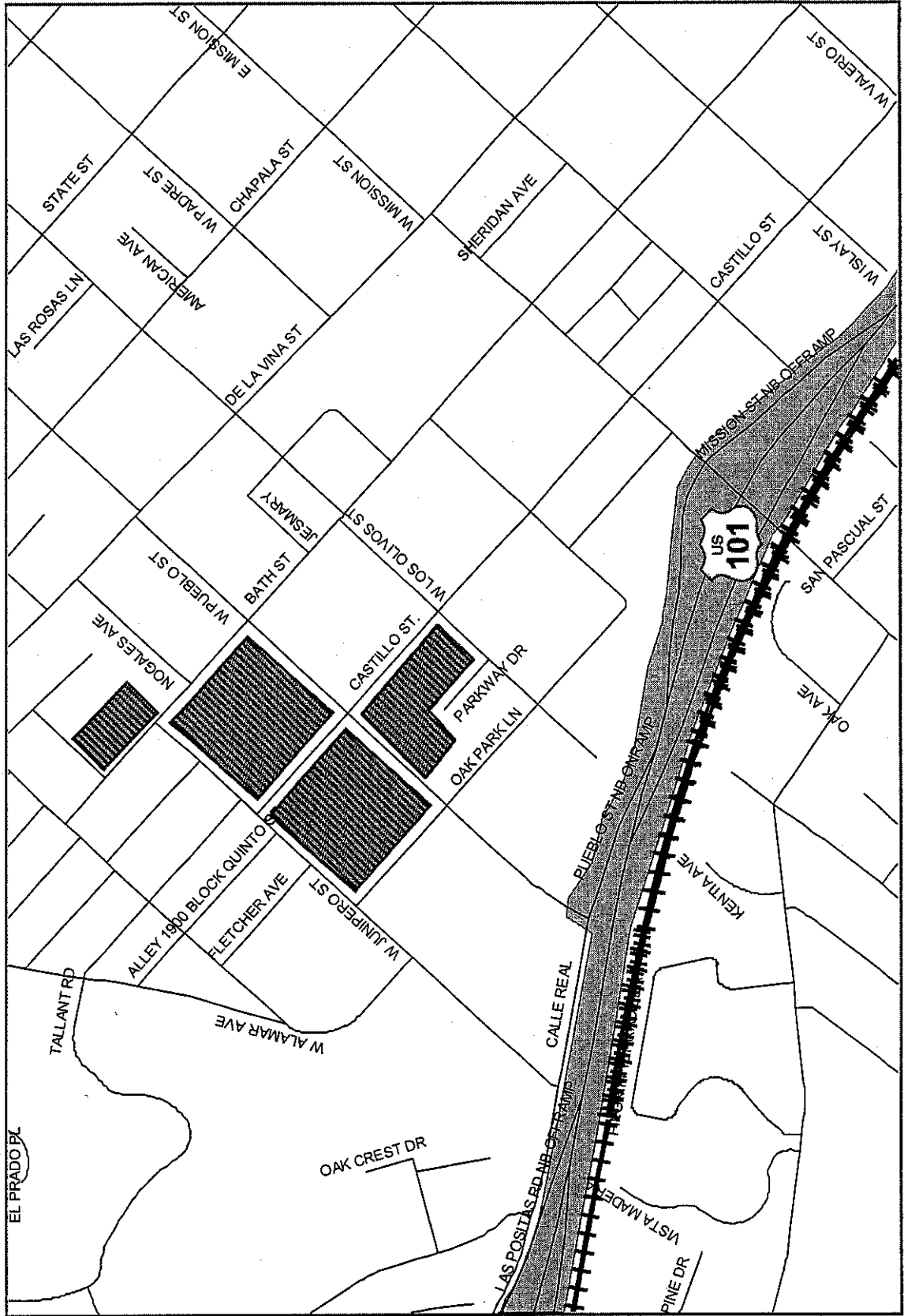
General Plan Conservation Element

1995 Housing Element

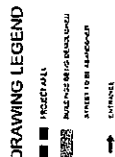
General Plan Land Use Element

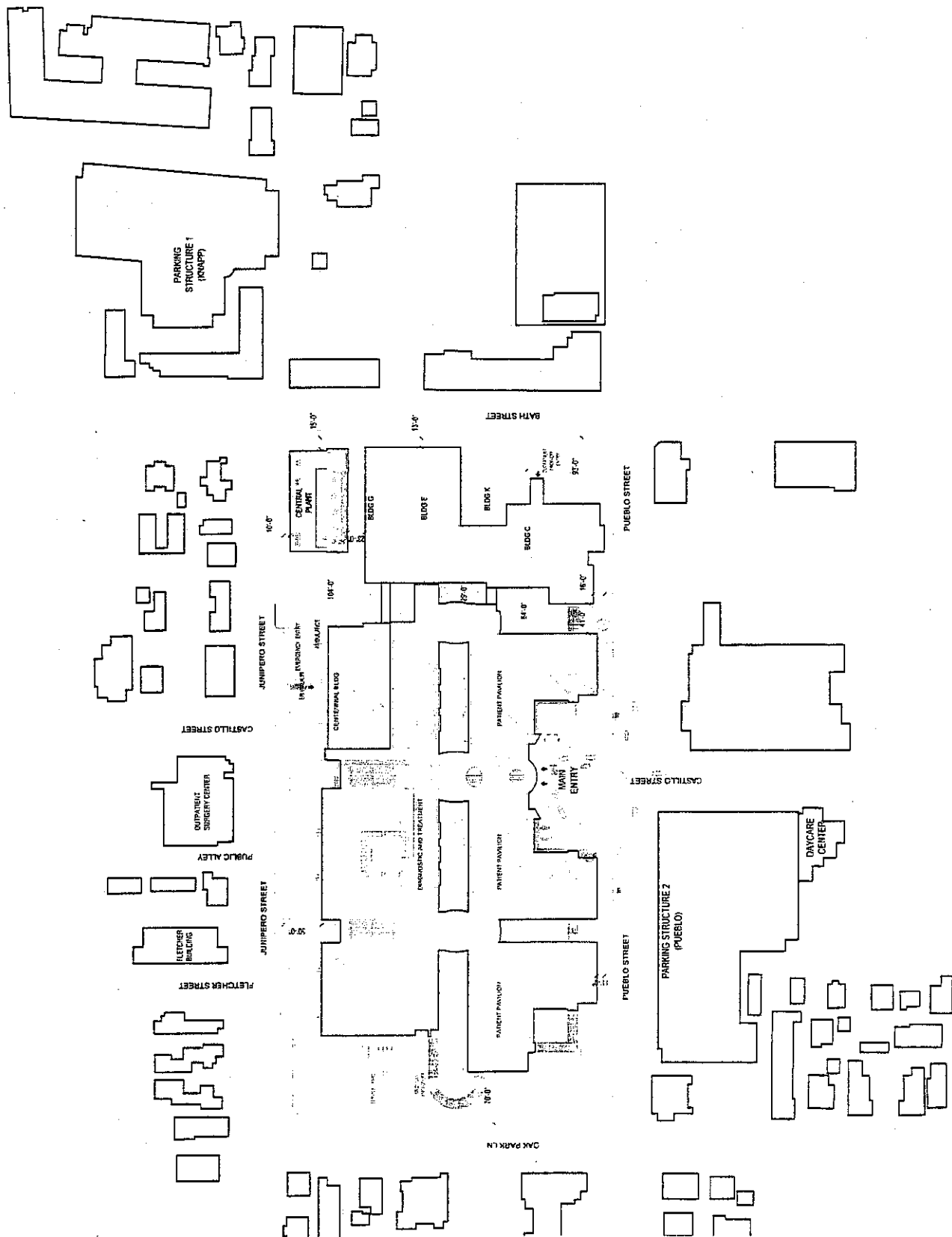
General Plan Noise Element w/appendices
 General Plan Map
 General Plan Seismic Safety/Safety Element
 Geology Assessment for the City of Santa Barbara
 Institute of Traffic Engineers Parking Generation Manual
 Institute of Traffic Engineers Trip Generation Manual
 Local Coastal Plan (Main & Airport)
 Master Environmental Assessment
 Parking Design Standards
 Santa Barbara Municipal Code & City Charter
 Special District Map
 Uniform Building Code as adopted by City
 Zoning Ordinance & Zoning Map
 Santa Barbara Cottage Hospital Seismic Compliance and Modernization Plan, July 2003
 Modernization and Seismic Compliance Plan, Past, Present and Project Volume and Capacity
 Draft Specific Plan
 Arborist Report prepared by Randell T. Mudge, November 11, 2002, revised July 02, 2003
 Historic Structure Report prepared by San Buenaventura Research Associates, January 20, 2003
 Historic Structures Letter Report prepared by Preservation Planning Associates, June 20, 2003
 Preliminary Geotechnical Report prepared by Fugro West, Inc., October 22, 2002
 Response to PRT Comments Letter Report prepared by Fugro West, Inc., June 12, 2003
 Central Plant Site Mitigation Plan prepared by Fugro West, Inc., June 2003
 Acoustical Analysis prepared by Acoustical Analysis Associates, Inc., June 2003, (Initial Acoustical Analysis, February 1999 and September 1999 included)
 Vibration Noise Letter Report prepared by Fugro West, September 2, 2003
 Water Use Analysis prepared by Penfield & Smith, July 1, 2003
 Preliminary Trip Generation and Parking Demand Analysis prepared by Associated Transportation Engineers (ATE), January 28, 2003
 Draft Traffic and Circulation Study prepared by Associated Transportation Engineers, September 2, 1999
 Traffic and Parking Study prepared by Kaku Associates, September 2003
 Preliminary Drainage Analysis by Penfield & Smith, June 13, 2003
 Preliminary Flood Analysis by Penfield & Smith, September 26, 2002

Cottage Hospital Vicinity Map



Project Location





- TOP OF ROOF EL. +27.12
- ELEV. WASH. ROOM EL. +27.12
- MECH. FLOOR EL. +27.12
- TOP OF PARAPET EL. +27.12
- MECH. FLOOR EL. +27.12
- 2ND FLOOR EL. +27.12
- 1ST FLOOR EL. +27.12

North Elevation

- TOP OF ROOF EL. +27.12
- ELEV. WASH. ROOM EL. +27.12
- MECH. FLOOR EL. +27.12
- TOP OF PARAPET EL. +27.12
- MECH. FLOOR EL. +27.12
- 2ND FLOOR EL. +27.12
- 1ST FLOOR EL. +27.12

South Elevation

- TOP OF ROOF EL. +27.12
- ELEV. WASH. ROOM EL. +27.12
- MECH. FLOOR EL. +27.12
- TOP OF PARAPET EL. +27.12
- MECH. FLOOR EL. +27.12
- 2ND FLOOR EL. +27.12
- 1ST FLOOR EL. +27.12

West Elevation

- TOP OF ROOF EL. +27.12

East Elevation



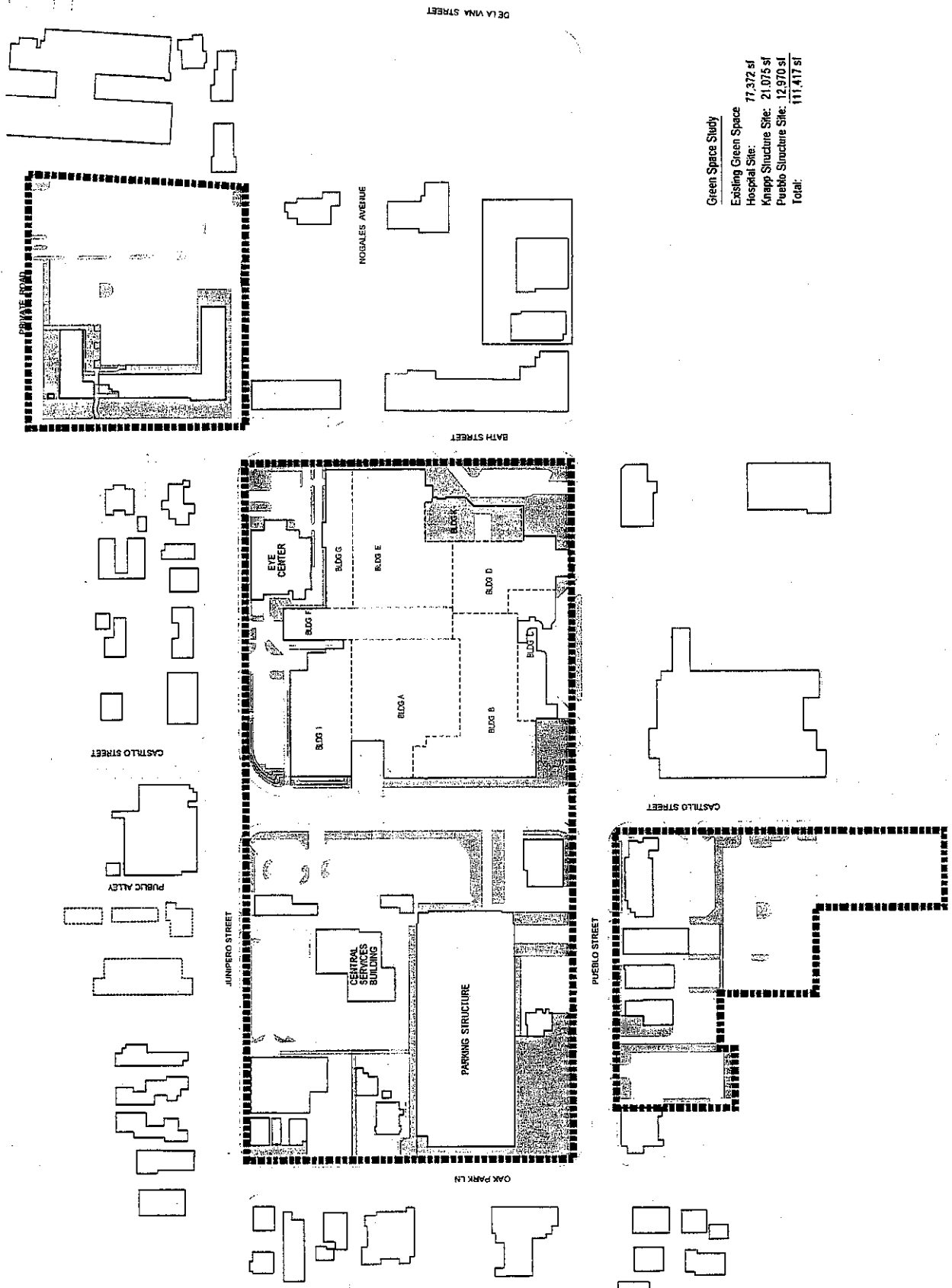
CENTRAL PLATE ELEVATIONS

- TOP OF ROOF EL. +27.12
- MECH. FLOOR EL. +27.12
- 2ND FLOOR EL. +27.12
- 1ST FLOOR EL. +27.12



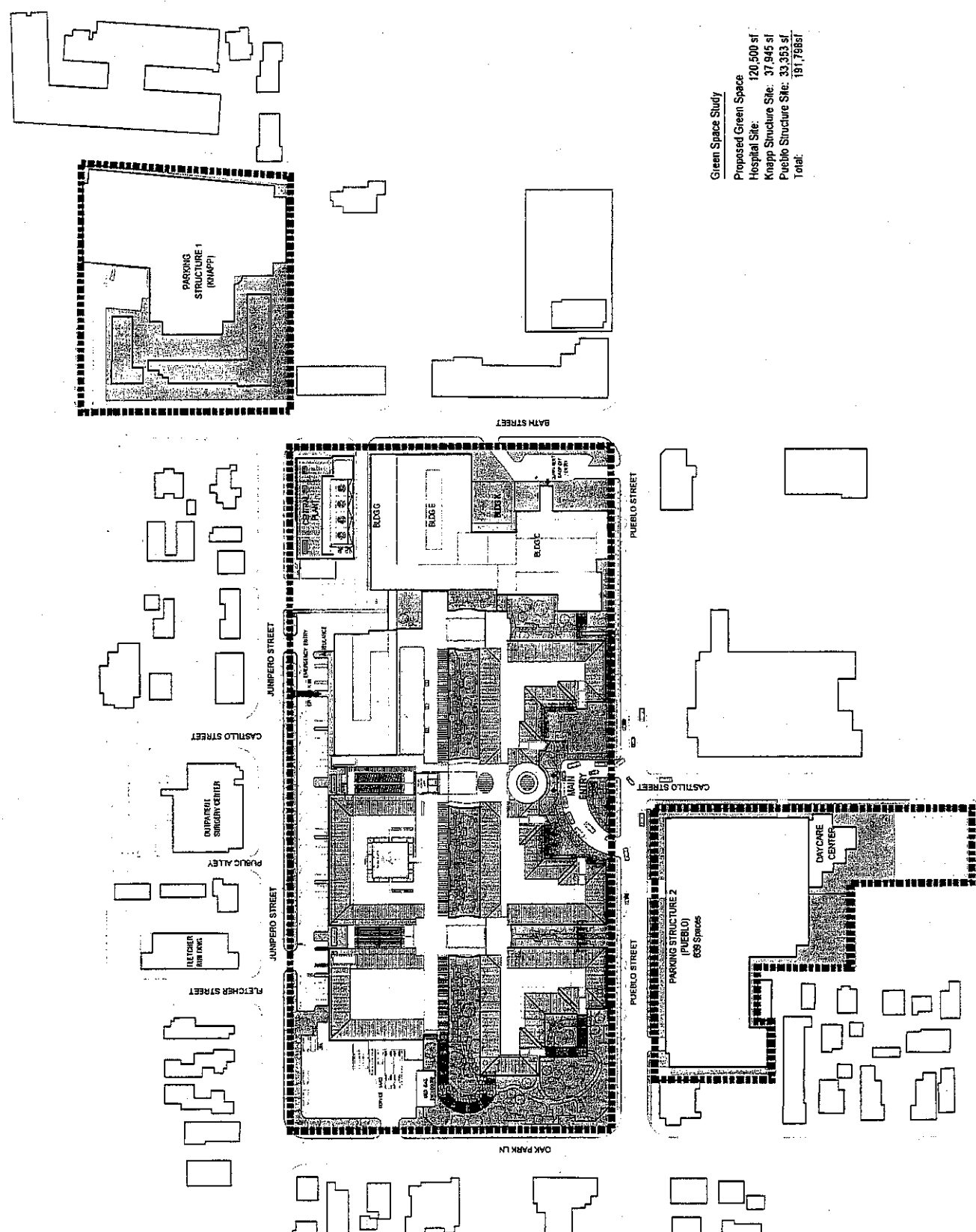
DATE: JAN 1, 2003

Building Elevation

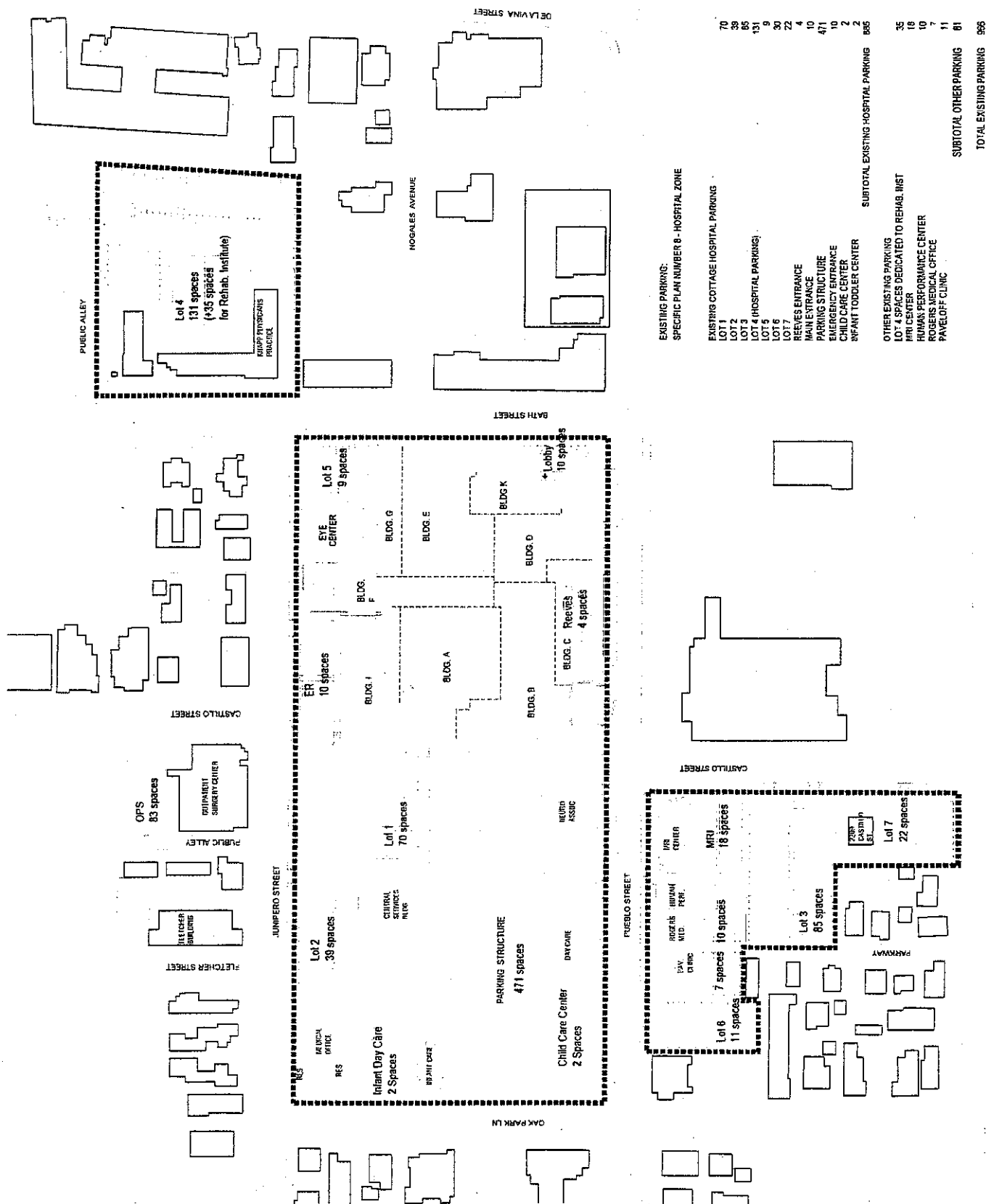


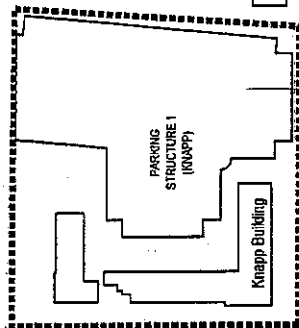
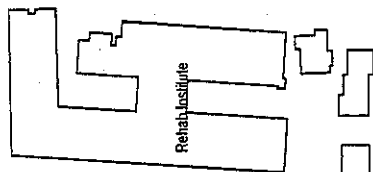
Green Space Study

Existing Green Space	77,372 sf
Hospital Site	21,075 sf
Knapp Structure Site	12,970 sf
Pueblo Structure Site	111,417 sf
Total:	222,834 sf

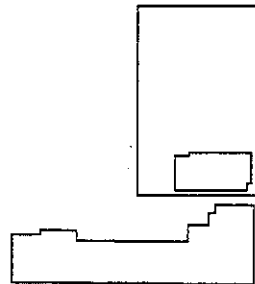


Green Space Study
Proposed Green Space
Hospital Site: 120,500 sf
Knapp Structure Site: 37,945 sf
Pueblo Structure Site: 33,353 sf
Total: 191,798 sf





PARKING STRUCTURE 1
563 spaces
(includes 44 spaces for Rehab Institute)
(includes 84 spaces for Knapp Medical Bldg.)



PROPOSED PARKING:
SPECIFIC PLAN NUMBER 8 - HOSPITAL ZONE

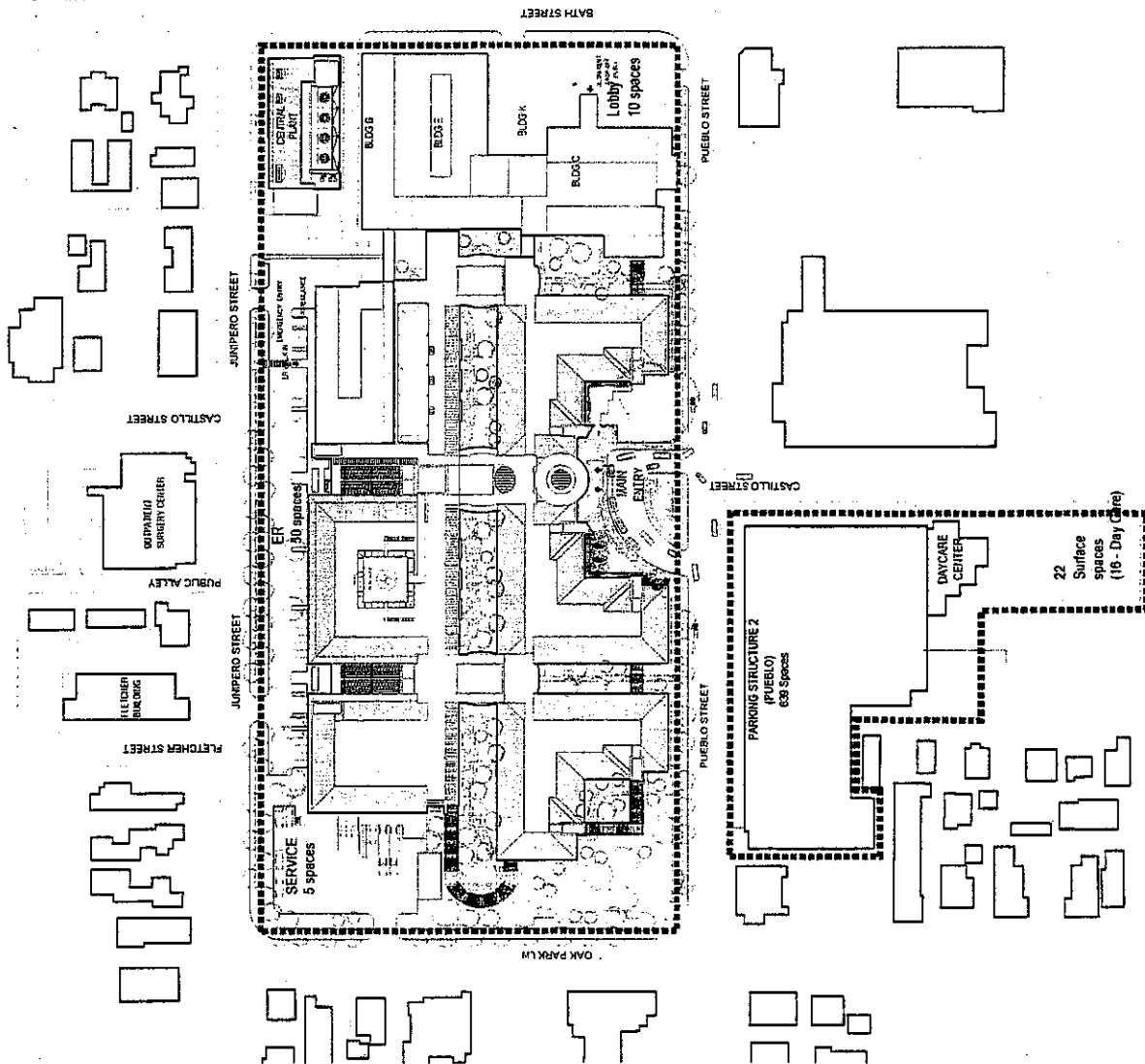
TOTAL PROPOSED PARKING
KNAPP STRUCTURE (PARKING STRUCTURE 1)
PUEBLO PARKING STRUCTURE (PARKING STRUCTURE 2)
EMERGENCY / DOCTOR'S PARKING LOT
SERVICE/LOADING
EXISTING ENTRANCE (BATH & PUEBLO)
LOT 7 (LOS OLIVOS AT CASTILLO)
SUBTOTAL 1,289

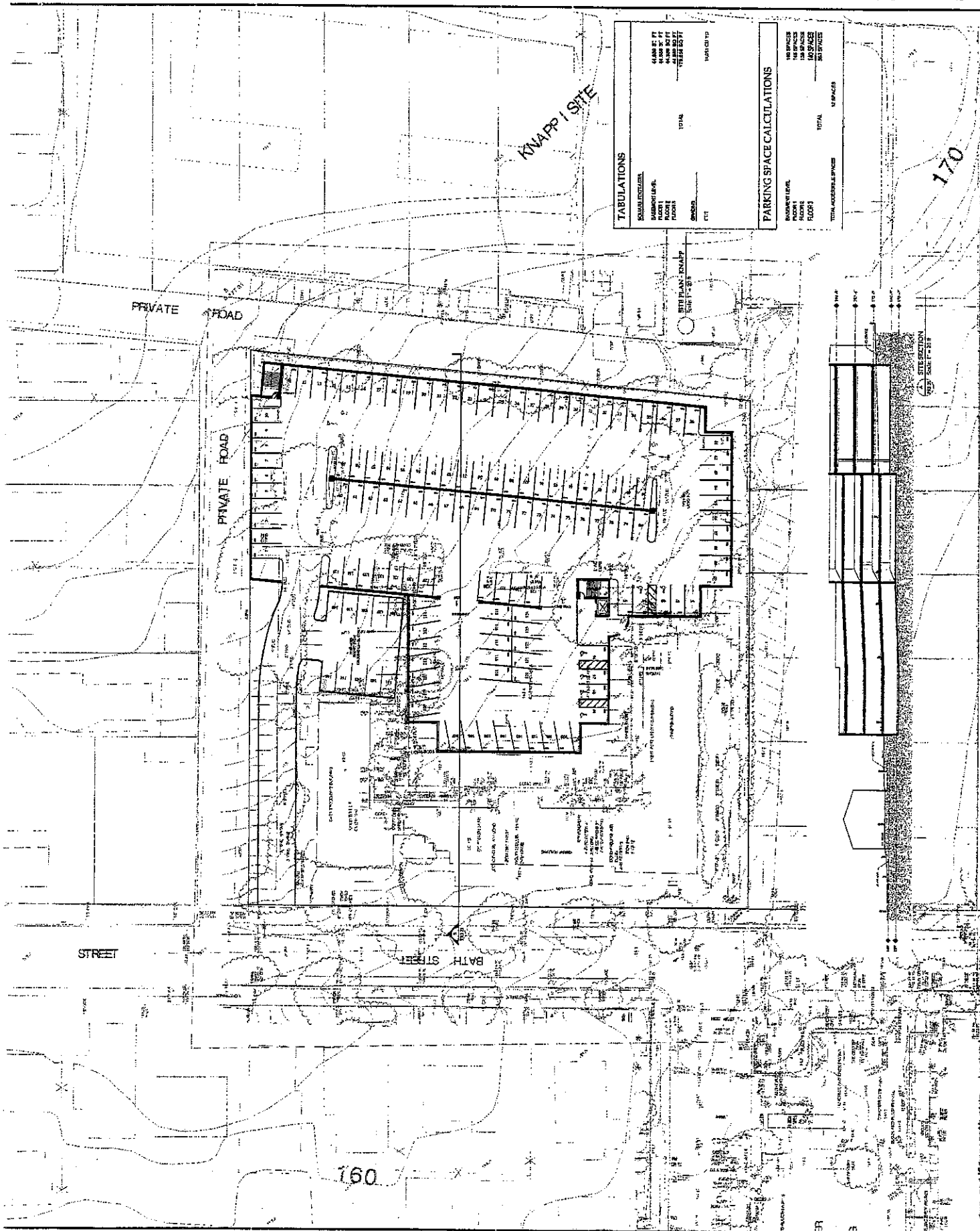
NON-HOSPITAL PROPOSED PARKING
KNAPP SPACES DEDICATED TO REHAB INSTITUTE
KNAPP MEDICAL OFFICE BUILDING (1 SPACE PER 250 SF)
LOT 7 SPACES DEDICATED TO DAY CARE

TOTAL PROPOSED HOSPITAL PARKING

44
84
16
144
1,145

* PROJECT PARKING DEMAND IS CURRENTLY BEING STUDIED.





TABULATIONS	
SUBMITTAL	44,000 S.F.
BASEMENT LEVEL	14,000 S.F.
FLOOR 1	14,000 S.F.
FLOOR 2	14,000 S.F.
FLOOR 3	14,000 S.F.
FLOOR 4	14,000 S.F.
FLOOR 5	14,000 S.F.
FLOOR 6	14,000 S.F.
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FLOOR 98	14,000 S.F.
FLOOR 99	14,000 S.F.
FLOOR 100	14,000 S.F.

PARKING SPACE CALCULATIONS	
BASEMENT LEVEL	14,000 S.F.
FLOOR 1	14,000 S.F.
FLOOR 2	14,000 S.F.
FLOOR 3	14,000 S.F.
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